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## ORIGINAL ARTICLES.

### THE PHARMACY OF DILUTIONS.

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IN ORDER that the principle or law of "similia" shall be accepted as the basis of scientific therapeutics, it must be shown that the remedial agents that are used in its demonstration are themselves of scientific value.

It therefore follows that the New School should exclude from its armamentarium all remedies that are not amenable to scientific tests, and that there should be such uniform methods of preparation that no doubt can arise in regard to the remedy that is credited with a certain therapeutic effect.

It is not possible to demonstrate the truth of the law of similia by the argument *post hoc ergo propter hoc* when it is necessary to assume its truth in order to prove the validity of the remedies used in the demonstration. In the past this method has been employed repeatedly, and there is a large literature of cases of cure under the homœopathic law where this law has to be assumed as a fact in order to prove that the remedies used are what they are claimed to be.

It is needless to remark that, from a scientific standpoint, such cures are worthless and are calculated to retard the acceptance of the law of similia by the general medical world.

The scientific value of our remedies is thus a matter of primary importance, and it may be shown by a brief examination of the Pharmacy of Dilutions.

The so-called higher dilutions or potencies are open to severe criticism, as there is neither precision nor uniformity in their preparation. This is doubtless due to the varying and conflicting ideas in regard to the seat or source of their efficiency.

By some the virtue of the potency is supposed to depend on the amount of succussion, hence, some pharmacists lay stress on the fact that their potencies are hand-made, and that each one has received at least twelve powerful strokes or shakes. Other preparations received prolonged succussion on the machinery of a grist-mill, and still others are made in special apparatus where by automatic arrangement a receptacle is filled and emptied, and the liquid that adheres to its sides is supposed to contain the spirit or essence that impregnates the fresh supply. •

Some of these high potencies are "run up" with alcohol and others with water, except the final potencies which are alcohol.

The products of these various processes are alike in one respect; viz., that they are beyond the reach of all scientific analysis.

The preparation of the lowest dilutions exhibits also a lack of uniformity that is at variance with scientific accuracy.

A somewhat extended observation has revealed the fact that many practitioners make their own dilutions according to the British Homœopathic Pharmacopœia, although their mother-tinctures were prepared according to Schwabe, or the American Homœopathic Pharmacopœia.

The reason of this is the greater simplicity of the former method. All mother-tinctures are considered as unity, and the first decimal dilution is made by adding one part of the tincture to nine of the menstruum.

By the method of Schwabe it is necessary to remember the classification of tinctures. For illustration, that aconite belongs to class I, and gelsemium to class III, and the first decimal dilution of aconite requires twenty drops of tincture to eighty of dilute alcohol, while that of gelsemium requires sixty drops of tincture to forty of alcohol.

This is cumbersome and unnecessary, and does not commend itself to the busy practitioner.

Those physicians who buy their dilutions of the pharmacists, and some others who make their own, use the method of the American Homœopathic Pharmacopœia.

This leads to lack of uniformity. Cases are reported in which the first decimal dilution is used and nothing said about its preparation, and to that extent they are unsatisfactory and misleading.

It would be a step towards greater uniformity to adopt the simpler method. Let us dissociate the idea of the part of the original drug, represented in the tincture, from the preparation of its dilutions, and in all cases make the latter in the ratio of one part of the tincture to nine parts of the menstruum. Then those who use mother-tinctures as such will know the drug strength of the tincture, and those who use a first decimal dilution will know that a given quantity contains one-tenth part of the tincture.

The reasons for the adoption of this arbitrary standard may therefore be briefly stated as follows: First, it is simple and would be generally adopted, while the other method will never become

universal. Secondly, it would secure uniformity in the reports of cases where dilutions are used.

The manner of dispensing dilutions is also not above criticism. They are given in water, or on cane-sugar globules, or milk-sugar globules, on cane-sugar disks, in tablets, or rubbed up with milk-sugar and made into powders, or dropped on the outside of bibulous paper containing powders of pure milk-sugar.

Still another method is practiced, known as medication by "dry contact." This consists in first pouring the dilution on globules and then shaking together a few of these medicated globules with a larger number of unmedicated ones.

The most unique method of dispensing dilutions that ever came under the writer's notice, was that of pouring a few drops of the two-hundredth potency on the outside of bibulous paper containing blank powders of milk-sugar. That the paper absorbed the liquid was of no consequence, because the powders were efficacious. (The writer is unable to understand how cures wrought by either of the methods last mentioned can have any relation to the law of similia.)

It is evident that there is neither exactness nor uniformity in the dispensing of dilutions. The quantity employed is never considered. It varies in accordance with the absorptive properties of the globules or sugar employed.

Some will say that exactness is not necessary, and that in suggesting it the writer is hypercritical and has not comprehended the genius of homœopathy.

Our reply is that we are striving after definiteness in therapeutics, and that this involves an exact pharmacy. It is not sufficient to report a case as cured by a certain remedy, because brilliant cures are made by all sorts of agents; but the details of the remedy are as essential as those of the case. In no other way can therapeutics ever grow in the direction of the exact sciences.

Probably the most accurate manner of dispensing our liquid preparations is in water or in the disks or tablets containing one or two minim doses.

The favorite and time-honored custom of pouring them on cane-sugar or milk-sugar globules is inexact and often inelegant.

There are indications that the dilutions will soon cease to occupy their present prominent position in the pharmacy of homœopathy. In some parts of the country they are being steadily supplanted by the tablet-triturations. The latter contain a definite quantity of the drug in trituration, and thus furnish the means of more exact prescribing. The very demand for them is an evidence of the appreciation with which New School men hail an attempt toward exact dosage.

The future of liquid preparations (especially of tinctures) is also menaced from another quarter.

The use of alkaloids, instead of plant-tinctures, is rapidly growing and marks the greatest step yet made towards precision in the practice of medicine.

They are stable preparations of definite strength and composition. The tincture varies as the plant varies, and at one time may contain more of one active principle than of another, and sometimes (as in the well-known case of *secale cornutum*) may be almost inert. This variability undoubtedly enters as a factor into the provings and also into the dilutions.

The alkaloids being chemically exact are therefore more desirable, but their symptomatology must be compared with that of the tincture-provings before they can be substituted for the latter.

It is probable that the provings of alkaloids of well-known drugs would be found to contain all the reliable symptoms derived from the old provings. They could be easily compared by the admirable analytical method proposed by Dr. Conrad Wesselhœft.

The provings would then be free from all uncertainty regarding the strength and other properties of the drug employed. This becomes an important matter for consideration.

In conclusion, the object of this brief paper is to draw attention towards increasing the efficiency of our working tools. Let us not rest on the achievements of the past, but do our part in endeavoring to shed the light of true science on the healing art.

#### SEA-SICKNESS.

BY C. A. F. LINDORME, PH. D., M. D.  
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THERE is a remarkable predilection among physicians, to presumise diseased nature as conditioned by a preconceived arrangement, implying one specific cause, which can not be counteracted but by one specific remedy, and we might satirically add, one specific doctor, the miraculous fellow "who does it."

I am very much inclined, as far as it goes, to believe, that this belief in specific causes and specific remedies is the specific cause why medicine continues to be a specific belief, and never becomes a special science, all progress in science generally notwithstanding. The physician, believing in specific cause of disease, and the corresponding specific remedy, will spend his time in hunting for specifics, and he will proportionately neglect all methodically scientific study. He is the empiric *par excellence*, the type of business-practitioner, which reveals itself already at the college, among the students, by an utter disregard of any branch of knowledge which has not a direct bearing upon remedy revelation. Science

is the inquiry into the causal nexus of things, and the true scholar, no matter what empiricism seems to establish, will never rest until this connection is found, and turns his instinctive groping in the dark into self-consciousness of action which is worthy of a human being endowed with godly reason. But the practitioner *à misa y olla* does not trouble himself about such considerations. What he wants is immediate results; having these he takes it mighty coolly with the ulterior consequences. These men are the class which a diploma will never raise above the standard of auntie—who does the doctoring when the doctor ain't there. They are the regular irregulars, no matter how regular was the college which accommodated them with a diploma.

Moreover, the utter disregard in medical theory and practice, of all points which have no immediate bearing upon the supposed specific relation between disease and remedy, is considered by those who are its propounders as a particular sign of professional wisdom. It is honored with an epithet the meaning of which is obscure enough, but which is always employed when the highest encomium is intended to a practitioner; it is called "practical," and if this expression stands for "paying," its use may be justified, or, as it were, warrant its abuse. For, by a corresponding propensity—*mundus vult decipi*—the public is so sympathetic, that they like the doctor best who is on the level of their own inferior understanding.

Scientifically, however, these therapeutic exclusionists do not prosper, and medicine as a science is by them not promoted. They and their doing in the world are ephemeral, and as eagerly as they keep hunting for the right remedy, as surely they will one day get lost in the bewilderment of their ignorance by failing scientific achievements.

As to the topic of our article, the unscientific in the hunting for a specific remedy against sea-sickness is characterized already by its very designation. This is a misnomer which was given merely for convenience sake, but about which the very men whom it touched most never were any time in earnest, no tarjacket ever taking sea-sickness for anything else than a practical joke of his tridentic majesty, the god Neptune, and after thousands of years of sea-sickness, as a rough accessory of the wild frolic of sea-faring life and amusements, it was reserved to the age of spinal irritation and the kid-gloved first cabin pleasure trips on fashionable floating hotels, to open to the pitching and rolling gambol ailment of the waving oceanic giant the pages of the theory and practice of medicine, and mobilize the contingent of remedy-eager physicians in the hunt for specifics, to procure to the poor tossed about individuals the point of archimedes where from their gastric frailties they can find relief. And in their lofty exertion to be subservient to suffering humanity the ocean doctors never condescended to give a thought to

such a low-graded fact, and all sea-sickness, and be it the worst, is cured as soon as the poor invalid sets his foot on solid ground, being, as to sequelæ, only the better for it. There is, no doubt, a physical sign that sea-sickness is a disease altogether different from other diseases. But that is a discernment which does not pay; suffering humanity want something else; thus, *vogue la galère!* wild goose hunt or no, the hunt for specifics must be continued, and whatever turn up made a bonanza of.

The most recent boom, after half a dozen of exploded poison theories, is the breathing match. A doctor gets hold of a corporalship of passengers, who are not yet so far down with the disease that they can not keep the deck, and seats them on the fore-castle, and there he makes them keep tally, and draw the hygienic number of fifteen deep breaths per minute. It was the doctors of Great Britain, Leiser, Stockman and Prentice, who did it, who tried it, and cured their gangs.

There is nothing more astonishing in medicine, but that, no sooner a new remedy as the at last discovered specific is found, than the profession sets about and hunts for another one, proclaiming, when it is found, again, that that now is the right one, for sure.

This breathing remedy is no doubt a very wonderful thing; it would not be bad on shore, even; and it cured all the passengers but one, and it would have cured this one too, but for his obstinacy to keep his berth, and not do as much as give it a trial. The stratagem reminds me of the directions of an itinerant oculist. He was not exactly an eye-doctor. But when a gent on his track had got a cinder in his eye, he told him not to rub the sore eye, but the well one. Then, by sympathy, in the sore eye, the cinder would move in the direction in which the healthy eye got rubbed. He had extensive experience; he was a brakeman. And a pity it was that he was not made a doctor. I experimented after his plan, and I found it acted "like a charm." But I improved upon his system. Considering that exceptionally both eyes might have got cinders in them, I gave the direction to rub the big toe nails, and every time precisely the one opposite to the ailing eye. Not that such be necessary. Far from it. But, you see, or rather, you know yourself, the more and more minute directions we give the wiser we look, and the more we may charge. If, however, an extraordinarily grievous case should happen and suffering humanity be without toe nails, then all the rubbing had to be dispensed with, the patient minding only to keep his hands still and off from the sore eye at any rate, and bending his head down a little, when the tears would wash out soon all what of cinders or other stuff might have got in.

Now then, in good earnest, breathing, especially deep breathing, is an excellent thing, which should



be practiced even by the healthy. But to look at it as a specific against sea-sickness, is as surely a mistake, as this ailment is no physical disease at all, but has a psychological origin. If, by reason of impaired breathing, a poisoning with carbonic oxide took place, a protraction of the disease ought to show sequelæ, not vanish as per enchantment as soon as "she" is left, and our poor patient has his feet on solid ground again, feeling nothing but a very keen appetite. The whole thing is nothing but a disturbance by dizziness of the motor centres of the pneumogastric nerve. Consequently the degree of sea-sickness experienced is subjectively according to susceptibility as to vertigo, and objectively as to the degree of gamboling of his tridentic majesty. Lying down and looking up to the clouds is, therefore, better than looking right on the billows and the whole agitated surface of the water. The fact in itself of the cure by a breathing match, needs, therefore, not be denied at all. But it was like the sympathetic cure of the brakeman-oculist; the operation which cured was not the saturation of the system with oxygen, beneficial though it was, but the keeping tally in breathing, or, generally speaking, the rousing of the spirits of the half dozen pieces of suffering humanity which every one of the doctors had collected around himself; the vertigo-torpor of the special gastric motor points was overcome by the depleting effect of the action of the whole brain. If the worthy doctor, instead of getting them to keep tally, when breathing, had put them to the gang-spil, he would have obtained even a speedier result, and in parenthesis it may be said, that if the high-toned first-class passengers, instead of paying high fares for good living, had to work their way along, they would soon get on good terms with the water spirit, and laugh at the pranks of god Neptune played at others, just as they were laughed at when they were the victims themselves.

May I tell how I got cured of the disease, if disease it be? It was on a sailing vessel, and I was the only one on board who was not used to salt-water. It is thirty and odd years ago, and I was quite young then. The first time it overcame me we were at dinner, and had just finished our soup. I hurried off to my stateroom, and after a hasty toilet-arrangement, coming back, I wanted to get on deck to lie down there. But the tar-jackets, bursting out into a laughter, *quam suis*, would not let me; "keep on eating, that'll cure you!" I was told, and they persuaded me to take my seat again, and I forced myself into this forcible domestication. But if ever in my life I ate a terrible beefsteak, it was then and there. It was not meat what I chewed, it was straw. But I wanted to get over it as quick as I possibly could, and so I put myself outside of the beefsteak, and, strange to say, the beefsteak remained in-

side; it stayed on my stomach; and although with that I was not altogether out of the reach of his tridentic majesty, yet I got so far the better of him, that it was only three or four times that I had to pay him a tribute, and fought him after that successfully by simply being determined to not give over. I became his master by simply mastering him, and very soon I ate with a hearty appetite, even when I had to balance my plate in order not to spill the soup I had on it.

I know of only one condition which may be compared to sea-sickness. This is the condition we find ourselves in after a drinking bout, and this analogy is natural, because of the pneumogastric being in either case the implicated nerve. But in a drinking bout, or rather its sore sequelæ, the other morning, the action is the reverse from what it is in sea-sickness. In the former case it is the gastric disturbance which upsets the brain, and in the latter it is the cerebral disturbance which upsets the stomach. Hence the harmlessness of sea-sickness compared with the drinking bout nausea. There the cause is mental, and the whole thing, when over, somewhat like a dream. Here a wear and tear of bodily forces, which need only be long repeated to not fail in leaving a trace upon the body never to be effaced, and accordingly the remedies. In sea-sickness intellectual; it is overcome by rousing the diseased part, the brain, to action. In drinking bout nausea by perfect rest of the ailing organ, the stomach, so much so, indeed, that there is not a more dangerous maxim than that of the ancient Romans, *Si nocturna tibi nocet potatio vini, hoc tu mane bibas item*, or in English,

If last night's drinking hurt thy brain,  
Then in the morning drink again.

Because such a repetition of the stimulus shows to advantage only by reason of the reiteration of the concomitant irritation; it is a discounting anticipation of waste, the revengeful reckoning of which is sure to turn up some day at a general scoring.

It is only one thing that sea-sickness wants, that is, to be deprived of its sham pathological features, and if the new class of ocean doctors succeed in doing that, they administer truly to their cases, and from this standpoint than the breathing match there is none better, for it complies, at least, with one of the urgent requests of good doctorship, according to Hippocrates, viz., not to do any harm.

**Cure for Acute Catarrh.**—The following is recommended in the *Apotheker Zeitung*: Place a teaspoonful of powdered camphor in a deep vessel. Fill this half-full of boiling water, and cover it with a cone of paper having its apex torn off so as to permit the introduction of the entire nose. In this way the camphorated steam should be inhaled for ten or fifteen minutes at a time every four or five hours. Three inhalations will generally suffice to cut short the most obstinate coryza.



### THE PHYSIOLOGY OF EPILEPSY WITH A FEW VARIATIONS.

BY DR. FRED. W. HART, ST. MARTINSVILLE, LA.

AS IN the executions of the variations the composition from which it varies makes but little show, so in this theme the physiology of epilepsy embraces that of so many other diseases not much room will be left to descant on epilepsy. That deviation from health styled epilepsy has three phases, the aura, the paroxysm and the sleep. "Inefficiency of nerve influence," that which constitutes temperaments predisposed to a variety of diseases is the proximate cause; perverted nutrition with its vitiated blood and consequents, the remote cause—all of which result from undue exhaustion of nerve influence, obstructions to functions of glands—bad air, water, hereditary irregularities and to particular emotions whose influence over every vital function is paramount, that hitherto neglected, and of necessity most effectual auxiliary in the management of nervous affections; in support of which we offer as evidence its effects on nutrition and on the supply and distribution of nerve influence. The different names of the emotions are indications of different sensibilities of the heart, which correspond and harmonize with the impressions of the intellectual faculties. The brain is, in health, all sense and no sensibility, the heart all sensibility and no sense; and as impressions of the intellect excite emotions that harmonize therewith, we shall critically examine the Faculties with their corresponding emotions, in order to bring them under control, and made useful in the management of nervous affections. From the birth till the death, there are but two conditions under which the activities of life are at work, the hypnotic or sleep, and the emotional, they are the great regulators. The hypnotic during the first year of an infant's life takes up nearly the whole year, the second year two-thirds sleep, and so on; the marvelous agency of the hypnotic condition under which supplies are furnished that put to work the agencies of life: its control over the intellect, shutting up every avenue of the senses, its control over the circulation and respiratory system, its check on the distribution of nerve influence to the muscles, the flexors, extensors and vocals, and to all inordinate movements; reducing every power of the system to an equilibrium under which the affinities of elements that enter into the composition of nerve substance can act preparatory for assimilation on a principle of the economy, that the suspension of certain activities is attended by an increase or by vicarious action of others; when two organs of like functions and the function of one is suspended, the other increases in energy by a two-fold concentration. When the exhaustion of nerve influence attains a certain degree, its dis-

tribution is of necessity suspended, and all the energy concentrates on the producing power, the supply and distribution emanate from the same factor. The elaboration of the assimilants during the stage of development from one year old up till twenty, when there is a limit to the building up, is incalculably greater than that after the building up is completed; during the epoch of development, if necessity compels the awakening of a youth from his sleep, it is with much difficulty accomplished after repeated exertions, whereas, if such were to apply to a fifty year old, the slightest move calls him up and on the alert, and in further elucidation of the particulars of that condition we offer a case of persistent insomnia, with suspended nutrition and threatened destruction of every vital function; under that condition we witness the marvelous arrangement and disposition through which recuperative powers of so astonishing a nature evidence themselves, causing excitements intense, spasmodic actions, wild delirium, to subside during a sleep, the sleep of death or the sleep disappears and with it all the aberrations, and a happy return from death to life and health, exemplified in the crisis of diseases; during the distribution and exhaustion of nerve influence in the emotional phase no such subsidence, no such reversion was ever known, a fact of some import to the inquiring physician, we may as well observe that where sixteen inspirations per minute are taken after the sleep has passed off but seven or eight are taken during the sleep, and pulse beat to correspond, which presupposes an accumulation of carbonic acid in the blood as one of the necessities.

When a certain amount of nervous influence over what is required during the hypnotic condition has accumulated so that its supply and distribution becomes impulsive, it becomes self-explosive and that condition gives way to the emotional under which the supplies are distributed, and all the activities of life are in full play; it is evident that the larger amount of nerve influence expended in the developing stage, and between the hypnotic periods, must enlist other agencies under which those activities are kept in full play; they are the emotions, and during that stage those that predominate are mirth, hilarity, diversion, joy. After that stage has passed off; anxieties and vexations with their train assert themselves; under the former the circulation and respiration are buoyant, nutrition is in full vigor, the active respiration setting free carbonic acid and in quick time the body is light, the heart is light, the brain light. The control of the emotions over the general system is evinced in the fainting fit, from excessive disgust, grief and joy; the effects of grief are manifest in our lunatic asylums, its effects on nutrition evinced in the emaciated, sallow faced—mal-nutrition reaching to the roots of the hair.

The approaches to the emotions are through impressions made on the intellectual faculties. The substitution of emotions in three cases of epilepsy was the incentive of this essay; one case brooded over anxieties, one severe mental exertion, and the other hysterics; they had all three passed through the principal specialists of the nation with changes, but not worth a cent, I placed all three on homœopathic doses of the "Spoondyke Papers," "Peck's Bad Boy," and others of that kind, medicines all stopped, except with the hystero-epileptic, all three have regained perfect health, no fits for two years.

The cineritious coverings of nerve substance is the source of nerve influence, which is distributed and supplied to the various organs through which they perform their functions, influenced by the will, which permeates the whole economy with its two powers, impulse and restraint, under which, habit, that characteristic impulse of the nerve, in health as in disease, is included; the will is more subservient to the emotions than to the intellect, it is the inhibitory power, in full force in perfect health, when any departure from that line occurs, it diminishes in proportion to the encroachments from that departure, and according to the efficiency or deficiency of nerve influence and the temperament of the individual does the will express its influence, the "assimilants their desires." At birth on the brain of the infant, the convolutions are but partially developed and covered with a thin layer of cineritious substance; at twenty-four months the emotional stage dawns; during the first twelve months but two emotions appear, love and anger, and one intellectual faculty, memory; the second year the convolutions continue to develop, the cineritious matter to increase; the emotions, fear, sorrow, and delight, creep in with the intellectual faculties for mischief, curiosity, and acquisitiveness. The "convolutions" are developed at or about the fifteenth year, the Intellectual faculties at twenty-five, some sooner, some later, the particulars of those faculties are "sui generis" and to be found in nothing else; the brain may be diseased, any other part of the economy may be diseased, but there is no such thing as "ministering to a mind diseased." Delirium and mania merely show that the instrument is out of tune and can not render the music that the intellect could command on an instrument in perfect tone—the design of the organism is to give expressions to the conceptions of the mind.

The perceptions from the organs of sensation conveyed to the mind are the same in all individuals, but the comprehensibility of their mental faculties widely differ, and create as wide a difference in their impressions and resultant emotions. Reason is the main-spring of the intellectual faculties, it weighs the import of impressions, and in the reciprocal intercourse between the faculties and

emotions in a mind so constituted that reason holds the sway over both, decision of character is based. The paroxysm of epilepsy is ushered in with great palor of the surface, showing a rush of blood to the central vessels, and consequent engorgement, with suppression of inhibitory power which means suppression of the intellectual relations with the organs, diminished respiration, but five or less inspirations to the minute and a corresponding decline of pulse beat, accumulating carbonic acid in the blood; oxygenized blood energizes the activities of life, carbonized blood detracts therefrom, and induces the hypnotic condition under which the whole excitement subsides, which passes off, disclosing each organ in the resumption of its normal duties. The aura merely evidences an accumulation of vitiated nerve influence which, at a certain degree, produces that peculiar sensibility of the heart which puts a check to its action, and thereby reversing the currents of the circulation out of which grow the other expressions of the paroxysm. Such is Idiopathic Epilepsy, the complications entailed from repeated attacks are without our limits. If we have produced nothing new, we have introduced shades that have effected a different light from that commonly entertained on some of the foregoing problems.

#### A STUDY OF ARNICA.\*

BY J. T. KENT, M. D., PHILADELPHIA, PA.

ONE of the first things that you will observe about the arnica subject is that he is always moving, and you will be apt to say: "There is a rhus tox. patient." These two images come before you because he is always moving. If you see a patient who lies still in bed for a moment, and then turns over; does not keep still for more than a minute at a time; he moves and keeps moving; it is perfectly legitimate for you to ask him why it is that he keeps moving, because that is a question that can not be answered by either "yes" or "no." If he is a rhus patient he will tell you that he is so uneasy that he can not keep still; it is an innate bodily restlessness accompanied by more or less aching. The longer he keeps still the more aching and the more uneasiness he has until he is compelled to move. Not so with arnica. The arnica patient moves about the bed in order to find a soft place to rest his sore body. He feels as if he had been pounded. He may describe this symptom as "the bed feels so hard." The reason the bed feels so hard is because the body is so sore. The longer he lies in one place the sorer does he become.

Arnica affects the capillary blood vessels. It apparently makes them friable. It makes them bleed easily. The individual is subject to petechia,

\* An abstract from the *Medical Advance*.

or hemorrhage from ruptured capillaries. We find these little extravasations of blood all over the body. We find them in the shape of blood-shot eyes, we find them on all mucous membranes, and that is why the mucus is always streaked or mixed with blood. We speak of an arnica discharge that is white mucus stained with little streaks of blood or flecked with blood, whether it be expectoration dysenteric mucus, coryza, or what. The peculiar action of arnica on the capillaries causes hemorrhage to take place in specks; thus the mucus becomes mixed with blood. This same condition in the mucous membranes occurs in the muscles and skin, where blue spots are found.

Arnica produces a relaxation or weakness of the vascular walls. This is naturally attended with more or less irritation or soreness making the affected parts feel as if they had been injured.

The chamomilla irritability is no greater than that of arnica. Spitefulness and bad temper we find prominent in chamomilla; but the arnica patient will fight if you do not let him alone. He will not speak to you when you enter his room. He can not appreciate his own condition. He distinctly tells you that he does not want you and that he did not send for you.

A very prominent feature of arnica is a general zymotic condition of the blood. It is called for in these cases with petechia in the zymotic state such as cases of scarlet fever, in which the rash does not come out promptly, and there is this sore, bruised feeling all over. In the early stages of zymotic conditions wherever with this zymotic condition there is this mental condition just described, and a sore, bruised feeling all over, arnica is indicated.

Among puerperal affections arnica is an invaluable remedy to ward off septic conditions. It produces a marked specific action on the uterus, independent of all that we have said; cramps of the uterus. It is one of the leading remedies for after pains that are spasmodic in character, and has been associated with traumatic conditions in obstetrics. A characteristic is a marked sympathetic relation between the nipple and the uterus, so that as soon as the child touches the nipple an after-pain comes on. There are only two other medicines that have this condition, pulsatilla and chamomilla.

Pulsatilla cures cramps in the uterus, abdomen and back in connection with the child's nursing. So does chamomilla. You can always distinguish chamomilla by the irritable temper peculiar to that remedy, and pulsatilla by the mildness of the disposition. If that characteristic disposition is not present you must not think of pulsatilla. Arnica is to be distinguished by the general sore feeling and by the irritable temper. You may say this irritable condition of the uterus is so neurotic that it is almost mental.

On account of the mental symptoms, the gen-

eral soreness, and the zymosis with tendency to bleeding, belonging to arnica, you can hardly help comparing another remedy with it that is very much like it; and that remedy is baptisia. If anything, the baptisia is more zymotic in character than arnica. Both remedies have stupor and both have the essential features of typhoid fever. Both have the general symptoms in a high degree. Both have the mental symptoms commonly found in low types of fever. Both go to sleep while answering questions. Arnica has symptoms that especially distinguish it; while there are many other symptoms that the two remedies have in common, one symptom that will distinguish arnica is that the patient will rouse up and attempt to answer questions, but he can not think of the word; then he gets angry and turns over, and just as like as not tells you to go home, that he does not want you. Both arnica and baptisia go to sleep in the midst of answering questions, and do not awaken until again aroused. Baptisia has the soreness of arnica; the patient feels sore and bruised. Both have a general rheumatic state.

Baptisia has one symptom decidedly more marked than arnica; the fetor of its discharges. Marked fetor runs through all the discharges of baptisia. The stool is very offensive. If you ever run across a diarrhoea with a stool that looks like ground up, pulverized slate mixed with enough water to make it pasty, with a pungent odor that is absolutely sickening and cadaveric, you need hardly hesitate about a remedy. It would require some very peculiar and striking symptoms to lead me away from baptisia for that kind of diarrhoea.

Among the old symptoms and due to the general soreness of the body, the key note, "fear of being touched" has been constructed. You have to rationalize symptoms when you see a patient doing something. You see a certain aggravation and you have to interpret it. It might be from a mental state that the patient refuses to be touched; again the same symptom may occur from soreness of the body, each of which is a symptom by itself.

The general stupid states of baptisia and arnica are similar. Stupor in each is marked; consciousness in both alike is quite dull. In both, the patient's face presents the appearance of a drunken man, but baptisia is unusually so. He looks as if he had been on a long period of intoxication. His face is mottled and flushed; besotted. This symptom runs through many of the conditions calling for baptisia. We find it in the inflammatory symptoms calling for that remedy. The marked feature in arnica when there is real inflammation, is that there is a great deal of pain. In baptisia there is absence of pain.

There is a peculiar sore throat belonging to baptisia. It looks as though if pricked it would



ooze a watery fluid; but if you do prick it, only dark blood oozes out, and it is almost painless. If there are ulcers in the throat, you can dig around them and the patient hardly feels the interference. These remedies thus produce a condition that look alike. Both produce petechia all over the body; both produce zymotic conditions.

Hamamelis should be sometimes thought of along with arnica, because of its tendency to produce oozing; here hamamelis runs close to arnica. General hæmorrhagic condition belongs to hamamelis; oozing from capillaries, from the nose, the eyes, the bowels, the uterus, in fact from all the orifices of the body.

Now the general condition of the body in arnica as to heat and cold, gives us marked features; hot head and cold feet. We read under belladonna hot head and cold extremities. Under glonoine, we find hot head and cold extremities.

We often find in summer complaint of infants a marked arnica condition, in which the child's head is hot and the body and limbs are cold. Given that with mucous discharges from the bowels specked with blood, and you have a marked arnica case.

Arnica produces a marked set of nervous symptoms, by its action on the brain and spinal cord. The spinal cord is greatly disturbed in its functions.

Spinal irritation I have cured many times with arnica when there was soreness all over the body. Arnica vomits all solids, and retains some liquids, but the horribly disgusting eructations mark arnica. These eructations have a taste as of rotten eggs.

The arnica patient longs for sour things. Urinary symptoms are prominent in arnica; hæmorrhage in the urine; slow passing of the urine; violent tenesmus in passing urine; inability to pass urine; suppression of urine. These conditions may all be present in zymotic conditions, in injuries, after abortion, and in concussions; and arnica might come in to save the life of your patient. In a case with suppression of urine from injury, arnica might start the flow until the surgeon, who is the only one who can give permanent relief, is called.

In typhoid conditions you will find the mental symptoms of arnica and the soreness when he is first taken down.

Arnica brings on stupor within a few days that can only be brought about by muriatic or phosphoric acid in two weeks.

The prostration of the two acids that I have mentioned are similar to the prostration of arnica and baptisia. Muriatic acid is peculiar, but it begins in the muscles and not in the brain. It is a sort of paralytic weakness which comes on slowly. The muscles seem paralyzed. They are weak. This is not so with phosphoric acid. This is a grand distinguishing feature between the two

acids. With phosphoric acid comes on cerebral paresis. The weakness seems to be due to the condition of the brain; inability to exercise his brain functions, and then he becomes stupid. We know how common it is for slight irritation of the brain to produce a watery diarrhoea that does not weaken. It is a brain diarrhoea. So it is with the muscles of the body; they become weak after the exhaustion of the brain. That is phosphoric acid. Muriatic acid has the reverse. We get the same prostration and weakness as in arnica and baptisia, but in a different way.

The writer has been in the habit of using arnica for many years, and can confirm by his experience many of the indications above referred to.

It is best always to use a tincture made from the root as pointed out by the late Dr. C. Hering, as the flowers contain animal matter. Arnica has fallen into disuse with many for topical purposes on account of the irritant qualities of the insect found in the flowers, we have only to use the root and the trouble will be avoided.—Ed.

## CLINIQUE.

### THE PROGRESS OF SURGERY.

BY ARTHUR T. HILLS, M. D.

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THE past year has been a particularly active one in surgical work, and there has been so much creditable surgery done in different fields, that one finds himself surrounded with matters of the greatest interest, and it has been likened unto an "embarrassment of riches." Perhaps none of the new things brought to light within the past year equals Lewis' hydrogen-gas test as a diagnostic agent in penetrating wounds of the abdomen, and gastro-intestinal tract, nothing could be more useful, as it demonstrates beyond a doubt the existence of a perforation of some part of the gastro-intestinal tract. Those who have performed laparotomy for a supposed perforation of the intestines will appreciate the certain means of diagnosis before opening the cavity, as symptoms are by no means uniform, hydrogen gas settles the question as definitely as an exploratory laparotomy, without the danger. To fail to use it in medico-legal cases puts one to a serious disadvantage, as very naturally where an exploratory laparotomy is made and no puncture of the intestine is found, and the patient dies, the surgeon's knife is blamed, as there is danger in any abdominal section. Hydrogen gas can be quickly generated for use in any case. Take a large bottle, put into it a few clippings of zinc, have the stopper perforated in two places, so as to pass through each a glass tube, through one sulphuric acid and water are poured; through the other gas escapes and is conducted to a rubber balloon holding several gallons. The nozzle of an ordinary syringe furnished with a stop-cock is connected with the other end of the rubber bag. It is

inserted into the rectum and the gas allowed to flow, an assistant makes pressure upon the anus to prevent the escape of gas. When gas passes the ileo-cæcal valve a gurgling sound is heard. Gas finds its way into the peritoneal cavity if the gut be perforated, then escaping at the wound in the abdominal wall, applying a light, it burns with a bluish flame. The diagnosis is now assured, what can be more satisfactory?

As relaxation favors the insufflation of gas, and its introduction causes some pain, anesthesia must be induced. Senns makes the following propositions:

1. The entire alimentary canal is permeable to rectal insufflation of air or gas.

2. Inflation of the entire alimentary canal from above downward through a stomach tube seldom succeeds, and should, therefore, only be resorted to in demonstrating the presence of a perforation or wound of the stomach, and for locating other lesions in the organ or its immediate vicinity.

3. The ileo-cæcal valve is rendered incompetent and permeable by rectal insufflation of air or gas under a pressure ranging from one-fourth of a pound to two pounds.

4. Air or gas can be forced through the whole alimentary canal from anus to mouth under a pressure varying from one-third of a pound to two pounds and a half.

5. Rectal insufflation of air or gas, to be both safe and effective, must be done very slowly and without interruptions.

6. The safest and most effective rectal insufflator is a rubber balloon large enough to hold sixteen litres of air or gas.

7. Hydrogen gas should be preferred to atmospheric air or other gases for purposes of inflation in all cases where this procedure is indicated.

8. The resisting power of the intestinal wall is nearly the same throughout the entire length of the canal, and in a normal condition yields to diastatic force of from eight to twelve pounds of pressure. When rupture takes place, it either occurs as a longitudinal laceration of the peritoneum on the convex surface of the bowel, or as multiple ruptures from within outward at the mesenteric attachment. The former result follows rapid and the latter slow inflation.

9. Hydrogen gas is devoid of toxic properties, non-irritating when brought in contact with living tissues, and is rapidly absorbed from connective tissue spaces and all of the large serous cavities.

10. The escape of air or gas through the ileo-cæcal valve from below upward is always attended by a blowing or gurgling sound, heard most distinctly over the ileo-cæcal region, and by a sudden diminution of pressure.

11. The incompetency of the ileo-cæcal valve is caused by a lateral and longitudinal distension of the cæcum, which mechanically separates the margin of the valve.

12. In gunshot or punctured wounds of the gastro-intestinal canal, insufflation of hydrogen gas enables the surgeon to demonstrate positively the existence of the visceral injury without incurring the risks and medico-legal responsibilities incident to an exploratory laparotomy. Senns' discovery has greatly increased the interest felt in the subject of penetrating wounds of the abdomen, and has created a general discussion of the subject among surgeons nearly everywhere, and it has had the effect to put the subject of laparotomy for penetrating wounds of the abdomen on a much firmer basis.

Indications for laparotomy are (1) for hemorrhage into the peritoneal cavity; (2) for wounds of the hollow viscera.

The advisability of an early operation is no longer questioned, the mortality being reduced from 76.5 per cent. to 60.5 per cent.

Surgery of the bladder has claimed much attention from surgeons generally, supra-pubic lithotomy has gained much in favor, and some are as enthusiastic as to claim its superiority over the perineal method in all cases, but it is plain that each has clearly its own field. Especially in old subjects with large stone, and encysted stone, is the supra-pubic operation indicated, but in young subjects where the stone is not large, the perineal operation has the advantage, although the supra-pubic operation is easier. Convalescence is shortened by perineal section. Assendelft who prefers the high operation, has operated one hundred and two times with only two deaths, but no one else operating the same method has approached such results. One point in favor of the supra-pubic operation is that the bladder walls can be sutured or not. Perhaps, generally when operating for stone, the walls should not be sutured as the resulting cystitis should have free drainage. The transverse incision seems most satisfactory as practiced by Trendelenburg,—to whom we are so largely indebted for much valuable information in cystic surgery. Epicystotomy has every advantage in the treatment of tumors, foreign bodies, and cystitis, either with drainage or without, with the cystoscope the diagnosis of tumors and other substances is comparatively easy. Dr. Madden, of Dublin, thinks cystitis in women both more frequent and serious than in men, and he claims that his method of dilating the urethra and neck of the bladder with the finger, and then curetting the proliferating mucous membrane, and applying carbolic acid over its entire surface (the preparation he uses being the glycerole, Brit. Phar.), which should be done two or three times, at intervals of a week, is much superior to Emmet's button-hole operation in as much as it is difficult to keep the fistulous tract patulous long enough to drain the bladder sufficiently, and the closure of the fistula is sometimes difficult, even when desirable. Abscesses arising

from diseases of the cœcum and vermiform appendix have formed no small part of the surgical discussion during the past year, and the question whether they are intra-peritoneal, and require early operation, or if they are sub-peritoneal requiring operation after the adhesion of the peritoneum shall have taken place, is an open one, but early operation promises most. Whitehead's operation for internal hemorrhoids is not likely to ever gain the extended use given the ligature, although many good surgeons use it, but consisting as it does of a complete excision of the pile, it is more difficult, protracted, and bloody than other operations. The author claims that there is much less pain after his operation than with the ligature, that convalescence is materially shortened, and there is little or no tendency to retention of urine, which so commonly follows the ligature. It will be found useful when piles are complicated with prolapsus.

The treatment of carbuncle by erosion as advocated by Edmund Owen, of London, promises good results. His method is to cut away all slough and undermined skin, scrape thoroughly with a Volkmann's spoon, and dress antiseptically; the results are very gratifying.

Alexander's operation, although not as often performed as formerly, has produced very good results in the hands of Mundé, Polk, Kellogg, Wylie and others, in cases to which it is specially adapted. In shortening the round ligaments for displacements it has been found useful to also shorten the sacro-uterine ligaments, thereby relieving the strain on the round ligaments.

Dr. Dudley has recently presented to the profession some new points in the operation for lacerated perineum. His method of denudation is much like Emmet's, but he advocates the use of the continuous catgut suture for the superficial ones, using the gut directly from the bottle in which it is prepared in juniper, by Em Ende. We have used this method satisfactorily.

Dr. Keelty, of London, in a recent operation upon a dermoid cyst of the neck, reaching from the lower jaw to the clavicle, found its attachments so deep and extensive that he cut away a portion of the cyst wall, sutured it to the skin, and stuffed it with gauze after cleansing thoroughly. The result was very satisfactory and promises well for such cysts in the future.

The reduction of strangulated hernia as advocated and practiced by Peno, has succeeded in several instances where taxis as ordinarily employed has failed. It is employed in the following manner: The pelvis is raised upon a pillow, thighs flexed and abducted; "the scrotum and hernia are seized by the left hand and elevated toward the abdominal walls, and pressure made upon them. The index finger of the right hand is passed into the inguinal canal, and by a boring and rotating pressure is directed toward the

horizontal portion of the pubis." In a short time the hernia disappears. Dr. McBurney's modified operation for the radical cure of hernia has very largely superseded all other methods, and a recent successful case has led the author to consider it the most advised operation.

In the treatment of aneurisms, Macewen, of Glasgow, has advocated the introduction of needles into the sac until the endothelial lining of the opposite wall is reached, then by an oscillating movement the needle scratches the endothelium, which he says will form a firm, fibrous mass, as demonstrated by him. We are not inclined to think, however, that this method will supersede that of compression, either digital or instrumental. It can not be denied that digital is the safest, but in mechanical the percentage of cures is higher, and taken upon the whole, is much more satisfactory. Esmarch's bandage being the most easily applied should be used, both upon the cardiac and distal sides of the aneurism, and should be allowed to remain from one hour to several hours, one application frequently effects a cure. The ligature is not used as much as formerly, and should not be, unless compression has failed. Pulmonary surgery has made a rapid stride, and pneumonotomy is considered a justifiable proceeding for abscess following pleuropneumonia, and about fifty per cent. have been saved; in some instances it is the only means of saving life. The operation is generally borne well, and should be undertaken as early after a diagnosis is made as possible; a thorough disinfection of the pulmonary cavities is generally well borne.

The question of anesthesia is an important one, and one that has been much discussed during the past year, chloroform and ether each has its admirers. The primary dangers from chloroform are greater than those from ether, and the secondary dangers from ether, pulmonary œdema, bronchitis, nephritis, etc., offset to a degree the primary dangers of chloroform. Although not well known, it has been demonstrated that ether will kill from heart failure as well as through the respiration. Chloroform should not be used in persons with degenerated changes in the heart. Valvular disease is no contra-indication if the heart functionates well.

Chloroform is more dangerous than ether in cases of anemia and nervous prostration.

Ether is contra-indicated in all pulmonary disease, in nephritis and operations where the after nausea and retching are undesirable, also in surgical emergencies where the stomach is full, on account of its greater liability to provoke vomiting. Neither are well borne in advanced Bright's disease; chloroform is the safer, and in childhood it has the preference always, but in fatty degenerations it should never be considered. Its administration should be most gradual, so that the



system will gradually become accustomed to its use, and the respiratory and cardiac centers in the medulla are not overwhelmed at the outset. Spasms of the glottis is obviated by slow administration. A good method is to allow the patient to begin the administration, and when he is getting well under the effects of the vapor, to take it from him, the danger lies in the amount of the vapor in the blood at a given time, therefore it should not be pushed.

The nitrous oxide still holds its popularity for minor operations of short duration, cocaine for local anesthesia where the part can be constricted above the point of injection has no rival, and many minor operations can be performed without the troublesome general anesthesia.

**The Use of Uncooked Milk, and its Relation to the Spread of Scarletina and Diphtheria and Typhoid** (*Lancet* [Editorial], March 19, 1887).—The writer mentions the increasing frequency of late of epidemics of these diseases traced to impure milk. At one time it was thought that the matter of pure milk required only cleanliness in a dairy and in those who had charge of the milk-supply. The mere fact of milk coming from a country dairy has been regarded as a guarantee of its wholesomeness. As a matter of fact it seems that the danger is greatest in dairies most remote. For here the first cases of such diseases are often not recognized, when occurring in the families of those having the care of milk.

Of late it has been conclusively shown that the cow herself may suffer from a disease which is now rarely regarded as of any importance among dairymen, which may give to the milk at the moment of entering the pail the power of producing scarlet fever in those who consume it in a raw state. The habitual boiling of the milk before consumption is urged as the only safeguard. This should be done immediately on receiving the milk from the milkman. If it is then set away upon the ice for five or six hours before using, the taste, which is usually regarded as an objectionable feature, will scarcely be noticed.

The importance of this precautionary step as a means of prophylaxis of summer diarrhoea can scarcely be overestimated.

**A Prosperous Chinese Physician.**—A celebrity among the Chinese of San Francisco is their great doctor, Li Po Tai. He has been in this country nearly thirty years, and has a larger income from his profession than any white practitioner in the city. His patients all come to the office when able, and Li Po Tai sits up habited in gorgeous silks and brocades in a little den of an office overlooking the plaza, and feels pulses all day long. The patients are mostly white people, who come to him after a varied round of their own physicians, or at the instigation of some of his resurrected and enthusiastic patients. Li Po Tai rests the patient's elbow on a blue silk cushion and proceeds to feel their right pulse with his three-hooked and long-clawed fingers. He feels the right pulse to ascertain the condition of the brain, stomach and kidneys, and then grasps the left wrist to find out about the heart, liver and lungs. Although he knows practically nothing of anatomy as our physicians know it, he makes a wonderful diagnosis of a case. He charges ten dollars a week for his services, including his medicines, and patients either come to his office and drink the tisanes or take packages of mysterious stuff home and make their own hot drinks.

Li Po Tai has many notions that puzzle and interest his patients. He first treats them to a severe course of antidotes for quinine poison, if they confess to ever having

taken that deadly drug. He next commands them not to eat shell fish or uncooked fruit, to let alone poultry, fried meats, eggs, watery vegetables, all liquors, and everything sour. For these thirty years Li Po Tai has made his patients drink hot water, and dyspepsia, cancers, and tumors are his specialties. His income from his profession is estimated at more than six thousand dollars a month.

**Signs of Incipient Phthisis.**—The following list of thirty signs of incipient phthisis Dr. J. M. Crawford (*Med. Era*) is in the habit of giving to his class in physical diagnosis. Many of them, he says, will often be found in those who are predisposed to phthisis, before there are any appreciable lesions of the lungs to tell of the threatened mischief and before there has been any deposit of tubercles that can be detected: stoop; anemia; arthritis; micrococci; hoarseness; hectic flush; sore throat; bad breath; rapid pulse; hæmoptysis; amenorrhœa; family history; red line on gums; rheumatoid pains; pityriasis versicolor; weak, tired feeling; shortness of breath; acromial depression; prolonged expiration; hacking night-cough; cog-wheeled breathing; thin ear, nostril and lip; harsh vesicular murmur; congestion of vocal chords; brilliancy of eyes; general feeling of apprehension; curved nails; clubbed finger-ends; emaciation, while appetite is good; constant high evening temperature; insufficient expansion of the side to be affected.

**No Surgery for Aneurism.**—First Professor Verneuil and then Dr. Dujardin-Beaumetz, made clear and decided protestation against all surgical measures for the treatment of aneurism. Both advocate the prolonged use of iodide of potassium in these cases, associated from time to time with one of the antithermics. *Comptes Rend.*, Aug. 6, filipuncture, according to Verneuil, *Union Med.*, July 21, is neither easy nor efficacious.

**M. Dujardin-Beaumetz** reports on rabies in the Department of the Seine the number of fatal cases last year as nineteen. This is largely in excess of 1880, 1883, 1884 and 1885, during each of which only three deaths occurred. But it is below the number of the deaths of last year. Four were due to cats' and fifteen to dogs' bites. In two cases the patient was not bitten, but only licked.

The period of incubation of the disease was usually from 25 to 40 days. Cases, however, occurred, in which the disease broke out 139, 143 and even 145 days after the biting. Why the period varies so widely is not known. It is probable, so Dr. Beaumetz thinks, that the time is shortest when the number and depths of the wounds and the quantity of poison are greatest.

The diagnosis of rabies is often attended with great uncertainty. In four cases out of the nineteen there was a wrong diagnosis. In one the death was attributed to lock-jaw; in the other three cases the disease was believed to be diphtheria, diabetes and delirium tremens.

Dr. Dujardin-Beaumetz announces brilliant results for M. Pasteur's treatment.

During the past year 385 patients were treated at the Pasteur Institute: 105 were bitten by animals ascertained by experiment to be mad; 231 by animals which were pronounced rabid by veterinary surgeons; 49 by animals about which there was no information.

Out of these 385 patients only 4 died, the ratio being 1.04 per cent., if the cases of dogs proved to be mad are only taken into account, and 1.19 per cent. if all are included.

On the other hand, the official tables show that 105 persons who were bitten by rabid dogs did not apply for treatment to the Pasteur Institute. Among these 14 deaths occurred. This is a ratio of 13.3 per cent.

To sum up, the mortality for uninoculated persons was

15.90 per cent. in 1887 and 13.33 per cent. in 1888, while for patients of the institute the mortality was 1.14 per cent. in 1887 and 1.19 per cent. in 1888.

It should be observed that the wounds were far slighter in the cases of persons who underwent no treatment.

**The Operation of Turning.**—When you can not find the feet of the child, in the operation of turning, reach for the fundus of the uterus, and when there open the hand widely and withdraw it. This operation is often facilitated by the knee-chest position.

**Crowley's Brain.**—The brain of the late Mr. Crowley, the distinguished chimpanzee, was examined by Dr. Spitzka, who found that it weighed less than one-third that of a human brain, but in the course of the examination he made an important discovery. At the floor of the fourth ventricle in intelligent persons there are what are called auditory streaks, which are supposed to have something to do with hearing and the power to distinguish words, and in the brain of this chimpanzee were found faint white streaks in this area, a fact more remarkable when it is borne in mind that in deaf mutes these auditory streaks are not to be found.

**Hypnotizing in Paris.**—Dr. Pinel, of Paris, is said to have succeeded in hypnotizing several subjects by means of the phonograph. All the commands given through this channel were, he declares, as readily obeyed as those which he uttered directly, and suggestions of every possible sort were as effectually communicated through the medium of the machine as if made *viva voce*. The conclusion which he deduces from his experiments is, that the received theory of a magnetic current passing from the operator to the subject is entirely baseless, and that the real cause of the phenomena of hypnotism is nervous derangement on the part of those subject to them.

**Gelatin as a Food.**—Dr. Fredrick P. Henry, of Philadelphia, writes as follows about gelatin in the *Dietetic Gazette*: Gelatin is a substance which, in my opinion, is too little employed as a food for the sick. In fact, it has no recognized standing in the sick-diet list. The history of this substance affords one of the innumerable instances of the tendency of the scientific mind to pass from one extreme to another. During the great French Revolution, the feverish mental activity which displayed itself most conspicuously in the field of politics was manifested in every department of science. The important subject of supplying the French armies with food was studied, in what now appears to us a very superficial manner, by numerous physiologists. One of the hasty conclusions of these studies was that gelatin was the nutritious substance of meat, and that from one pound of bones could be extracted as much and as good soup as from six pounds of flesh; this opinion of the value of gelatin was formulated in the extravagant and inflammatory statement that one dozen bone buttons represented so much soup stolen from the poor. Notwithstanding this tender solicitude for their welfare, the poor never took kindly to the food recommended by the first gelatin commission of 1802 (24 Messidor, year X of the Republic), thus showing that the voice of nature, although not so loud as that of so-called authority, is much more convincing. By degrees doubts began to be entertained concerning the nutritive value of gelatin, which found their principal exponents in Donné, Gannal and Edwards and Balzac. A second gelatin commission was appointed which made its celebrated report through Magendie in 1841, to the effect that gelatin is not only devoid of nutriment in itself, but that it impairs the nutritive value of other foods when mingled with them. Such

a condemnation is, of course, absolute, and it is not surprising that the reputation of gelatin has ever recovered from this verdict, which was pronounced by some of the greatest physiologists of the age. I have now given you the extremes of opinion with reference to this substance, viz., extravagant laudation by the first gelatin commission; absolute condemnation by the second. The truth, as a matter of course, lies midway between them. Gelatin alone can not support life; neither can albumen, which is a recognized type of nutritious substances. But whence, you may ask, arose the error that gelatin mingled with foods of well-known nutritive value is injurious to the system? Simply from the fact that in those experiments of the second commission in which gelatin was mingled with other articles of food, the former was added to the latter, as a rule, in inordinate quantity. Large amounts of gelatin will give rise to diarrhea, but the same effect will result from the ingestion of too much fat, or common salt. Concerning the experiments of the second gelatin commission, I will merely state that their fallacies have been exposed by Carl Voigt, who, in 1872, determined with scientific precision the real value of gelatin (*Zeitschrift f. Biologie*, 1872). The result of his researches may be summed up in the statement that gelatin is an albumen-sparing substance. In other words, the amount of albuminous food necessary to maintain our bodies in a state of nutritive equilibrium is lessened by the ingestion of a certain amount of gelatin. This albumen-sparing property of gelatin renders it a most appropriate food in acute febrile conditions, in which there is excessive destruction of the albumen of the body, and the best mode in which it can be administered is the peptonized milk jelly.

**A Liquid Soap.**—Dr. J. S. Prout, a well-known ophthalmologist of Brooklyn, uses a soap (*N. Y. Med. Jour.*) which, when poured on the moistened hands, attacks all matter out of place more quickly and thoroughly than ordinary soap, and leaves the skin soft and clean. He dissolves three ounces of white castile soap in one pint of alcohol and then adds two ounces of glycerine. To this may be added any essential oil or oils that may be desired. It should be kept in a bottle or jar fitted with a stop-cock.

**Kerosene Oil as a Breeder of Disease.**—Dr. N. A. Penoyer, some time ago, promulgated the theory that the smoke of burning kerosene oil had much to do with the causation of disease and its malignancy. Investigation on the subject invariably led to the reply that wherever a case of diphtheria was found, without exception, oil was used, either in the parlor lamp or kitchen light. Cases did not occur where gas alone was used. Several of the Health Boards in the East have lately expressed their opinion that the terrible epidemics lately experienced were due mainly to the increased use of this oil. Putrid sore throat, diphtheria, had always been more fatal in the Pennsylvania oil region, than in any other portion of the country.

**Recovery from Anesthesia.**—When a patient is recovering from the effects of an anesthetic, if the eyes are kept closed it will aid materially in preventing after-effects, such as nausea, dizziness and uneasiness of the stomach.

**Well-Preserved Meat.**—The river Viloui, in North Siberia, is frozen a greater part of the year. In the cold season the natives follow its course to the south, and as spring comes on they return. It was during one of these migrations that an entire rhinoceros was discovered. The river, swollen by the melting snow and ice, had overflowed its banks and undermined the frozen ground, until finally, with a crash, a huge mass of mingled earth and ice broke

away and came thundering down. Some of the more daring natives ventured near, and were rewarded by a sight wonderful in the extreme. A broad section of icy earth had been exposed, and hanging from a layer of ice and gravel was a creature so weird that at first they would not approach it. It hung partly free, and had evidently been uncovered by the landslide. From the head extended a long horn, as tall as some of the children, while behind it was another smaller one. But the strangest feature of this curious monster was that it was covered with hair.

At first the astounded discoverers thought the creature was alive, and that it had pushed aside the earth, and was coming out. But the great rhinoceros was dead, and had probably been entombed thousands of years. The body was frozen as hard as stone, and the hair-covered hide seemed like frozen leather, and did not hang in folds, as does the skin of living species. Several months passed before the animal was entirely uncovered, and so perfectly had nature preserved it, that it was then cut up and the flesh given to the dogs.

**Syncope from the Use of Cocaine.**—Dujardin-Beaumetz has observed several cases in which the hypodermic injection of weak solutions of cocaine was followed by syncope of brief duration. He attributes the occurrence to cerebral anemia, and says that it never takes place if the patient is kept in the prone posture.

**Arsenical Wall-Papers Utilized.**—Mr. Matthieu Williams has suggested that the arsenical wall-papers, which are generally regarded as detrimental to health in ordinary localities, may be useful as a protection against the dangers of regions subject to malaria. In a recent number of the *Gentleman's Magazine*, he says: I maintain that the hotels in the vicinity of the Campagna, the Pontine marshes, the Maremma and other malarious regions of Italy, should be papered throughout with brilliant green arsenical papers, and painted with Scheele's green or other arsenical pigment. The same should be done in New Orleans and all other such places, for the special benefit of non-acclimatized visitors.

**Symptoms Caused by Earthquakes.**—According to Dr. Legaré, of Charleston, S. C., there were some peculiar features produced by the earthquake in that city, from a medical point of view. One of the most common conditions was an obstinate nausea, and in treating these cases he found the only remedy that would give any satisfaction was muriate of cocaine. Another condition found was falling off of the hair in patches, especially among the ladies. He had three cases in which the hair gradually fell out in patches, which he attributed to nervous shock. Fortunately the hair was generally saved. These were the most prominent symptoms produced by the earthquake.

**Syphilis and Gestation.**—Hirigoyen makes the following notes as to the influence of syphilis on the pregnant female (*L'Union Medical du Canada*, October, 1886):

1. In the special maternity service of Bordeaux, the proportion of syphilitic women is five per cent.
2. The most frequent complication is a premature termination of the pregnancy, a matter which the duration of the syphilis greatly influences.
3. In eight pregnancies among women, syphilitic for a year or more, there were two children born living, but very puny.
4. In twelve women attacked with syphilis during the first four months of pregnancy, there were twelve stillbirths.
5. Syphilis acquired during the last three months is very dangerous to the fetus, at least fifty per cent. being still-born.

6. Over three-fourths of the infants of all syphilitic women are stillborn.

7. To be efficient, energetic anti-syphilitic treatment must begin with pregnancy, and continue throughout its entire duration.

**Fish as an Invalid Diet.**—It is remarked by a contributor to the *London Lancet*, that many medical men may be unaware of the fact, simple as it is, that boiled fish, fried fish, and almost any other kind of cooked fish, are all inferior in digestibility to steamed fish.

**The Nature of Jaundice.**—Following in the lines of Chauffard, Prof. Kelsch, of Val de Grace, sums up his belief in the propositions that (1) sporadic or epidemic catarrhal icterus is a specific, infective disease; (2) that the infective agent is developed outside the organism; (3) that it is generated in marshes and in soil abounding in animal and vegetable matter; and (4) that owing thus a common origin with malaria and typhoid fever, the coincidences of epidemics of jaundice with ague and typhoid is explained.

**Mammary Functions of the Skin** (*London Lancet*).—The breast may be regarded as a highly specialized sebaceous gland, or at least, as a highly specialized cutaneous gland. It may have developed out of the indefinite blastema of the epiblast, either directly or through the intermediate stage of a sebaceous gland. That a sebaceous gland is also a miniature breast must be regarded as theoretically proven from a chemical stand-point. Milk is a chemical compound in certain proportions of albumen, fat, and sugar, and analysis of sebaceous matter also yields fat and a small proportion of proteid and carbohydrate. The lumps that Dr. Champney describes as situate in the axilla may for all practical purposes be regarded as mammae. Their evolution follows step by step that of the mammary glands in parturient women, and there are some grounds for believing that they may be the seat of similar pathological affections. Furthermore, the axillary lumps, like the breast, may show changes during menstruation.

**Landois Rule for Estimating the Amount of Solid Matter in the Urine.**—Multiply the last two figures of the specific gravity of the urine by the number of ounces of urine discharged in twenty-four hours, and the result will express in grains the quantity of solid matter discharged. Its practical value is apparent in view of the theory that puerperal convulsions are due not to the diminution in quantity of urea only which is excreted, but to the diminution in the amount of all the solid constituents which are in solution in the urine.

**A Simple and Efficient Treatment for Tænia.**—Is described as follows by Dr. Veazie, in the *New Orleans Med. and Surg. Journal*: During the past year a little boy, aged three years, became the host of a large tænia, which was attributed to his having eaten raw beef, given to him during an attack of dysentery some few months before.

Several physicians were consulted and various remedies were tried, but without success. Among other things used were male fern, pumpkin seed, and kamela, but the only effect was to bring away a few joints. One reason for the failure was the impossibility of getting the little fellow to fast. He would cry so hard and beg so piteously for food, that his mother could not starve him, as she was instructed to do.

Finally, after every other plan had been tried unsuccessfully, the following course was adopted: A large pumpkin was bought and made into pies. The seeds were dried and



hulled, and the pockets of the little fellow filled with them. Whenever he got hungry he was given a piece of pie, about all he ate in twenty-four hours. In addition, he was encouraged to eat the seeds quite freely. For one day he tried seed and pie exclusively. At night he was given fifteen grains of kamela. The next morning, the first thing he said to his father was, papa, the worm is dead. At nine o'clock he passed the worm, head and all. Its total length was thirty feet, which, added to the pieces which had been passed before and carefully measured, made altogether forty feet. The little fellow is in excellent health.

Dr. Veazie states that he has since tried this plan in several other cases with good results.

**Pyridine in the Treatment of Asthma.**—Prof. Bartholow states that Prof. Gee claims that for temporary relief of asthma, pyridine stands at the head. It is applicable in any variety of the disease, and it is directed to be used as follows: The patient inhales the vapor of a drachm of the liquid, which has been volatilized in an apartment of about twenty cubic metres. It is said that relief promptly follows. Pyridine is a constituent of tobacco smoke, is a liquid, and highly volatile.

**Quinsy as a Rheumatism.**—Dr. J. L. Knox (*Chic. Med. Jour. and Exam.*, Feb., 1886) concludes from a study of fifty examples, that acute tonsillitis is usually a rheumatic inflammation, and that eighty per cent. of the cases are curable with anti-rheumatic remedies.

**Microbes and Corpuscles.**—"The future of preventive medicine," said Professor Ray Lankester, in a lecture delivered at the London Institution recently, "is the education of the white blood corpuscle. This minute creature eats, and lives, and flourishes, and dies almost like a human being. Its special function is to eat up the poisonous element which finds its way into the blood. When a wound heals it is because these indefatigable corpuscles have found their way to the sore and have eaten away the injured part. When bacteria get into the system the duty of the corpuscles is to go for them and eat them up. If they succeed, the patient recovers. If they are out of appetite, or the bacteria too tough a morsel for them to attack, the patient dies. Sometimes, with unconscious heroism worthy of Marcus Curtius, they purify the bodies in which they live by eating up poisonous particles and then ejecting themselves, thus sacrificing their own lives. But such heroic self-immolation is not necessary, if you educate your corpuscle. His education proceeds by inoculation. By accustoming your protoplasmic cell to a low diet of poisonous matter, such as the vaccine lymph, it becomes acclimatized, as it were, and is strong enough to eat up without inconvenience the germs of small-pox, which would otherwise prove fatal. It is these invaluable corpuscles which enable confirmed arsenic eaters to swallow with impunity a dose sufficient to kill six ordinary men." Professor Lankester is of the opinion that they can be trained so as to digest the most virulent poisons and deal with a great number of diseases.

**A Woman Without a Vagina or Perineum.**—Dr. Bonnain, in *L'Union Médicale* (Canada), was summoned to an obstetrical case, and found the labor over and the child alive and well. On examining the patient he found an extraordinary state of affairs. "Picture to yourself, in short, that with this unfortunate woman, not as the result of an obstetrical mishap, but as a fault of conformation, there was neither anus, nor perineum, nor fourchette, nor vulvar ring, nor sphincter of the vagina, nothing in short of that which constitutes that barrier, sometimes so difficult to cross, which is called the inferior strait. The whole was

replaced by a frightful chasm, whose dimensions, particularly from above downward, were really immeasurable. The natural result of this was that the large baby, which during my examination was quietly sleeping near us, had had no difficulty in getting out of his prison."

**Tobacco as a Cause of Abortion.**—Fresh evidence of the fact that working in tobacco may cause abortion has just been seen here in the case of a woman employed in the great government cigar factory, writes the Paris correspondent of the *N. Y. Med. Jour.* She had been engaged there for some eleven years, and during the last three years had had one abortion and two deliveries, before the eighth month, of infants that presented signs of maceration of some weeks' duration. There was no syphilis in either herself or her husband, and nicotine must have been the cause, as she had healthy children after leaving the tobacco factory. Dr. Quinquand has reported a case of the same kind.

**A Handy Method in Luxation.**—A Parisian lately went hunting with an intractable dog who constantly outfooted him. Almost beside himself with vexation he vented his displeasure in loud imprecations, in the midst of which his jaw became luxated. It was late at night before he reached the nearest town, and the local doctor was in bed. A vigorous knocking, however, brought him to the window, but the would-be patient was unable to make himself understood, so the man of science, believing his patient to be no more than a belated drunkard, closed the window and went to bed again. The patient continued to knock, and the doctor finally got up, stole softly down stairs and, opening the door suddenly, gave the stranger a vigorous blow with his fist. Recovering from his surprise the would-be patient found he could speak as well as ever; the blow reduced the dislocation.

**Oil of Bay versus Flies.**—Oil of bay is extensively used in Switzerland by butchers to keep their shops free from flies. After a coat of oil has been applied to the walls none venture to appear. This remedy has also been tried and found effectual in the south of France in preserving gilt frames, chandeliers, etc., from becoming soiled. It is even remarked that flies soon avoid the rooms where this application has been employed.

**Causes of Coagulation.**—Louise G. Rabinovitch in the *N. Y. Med. Journal*, in reviewing the paper of Mr. W. D. Halliburton (*Proc. of the Royal Soc.*), thus formulates the results of the author's experiments:

1. Lymph-cells (leucocytes) yield as one of the products of disintegration a globulin which may be called cell globulin, and has the properties ascribed to the fibrin ferment.
2. Fibrin ferment, as extracted from the dried alcohol precipitate of blood serum, is found on concentration to be a globulin with the properties of cell globulin.
3. The fibrin ferment as extracted by saline solutions from "washed blood clots" is a globulin which is also identical with cell globulin.
4. Serum globulin, as prepared from hydrocele fluid, has no fibrinoplastic properties. It may better be termed plasma globulin.
5. Serum globulin, as prepared from serum, has marked fibrinoplastic properties. This is because it consists of plasma globulin and cell globulin derived from the disintegration of the white blood-corpuscles, which are in origin lymph-cells.
6. The cause of coagulation is primarily the disintegration of the leucocytes. They liberate cell globulin, which acts as a ferment converting fibrinogen into fibrin. It does not apparently become a constituent part of the fibrin ferment.

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## SANITARY CONDITION OF NEW YORK.

THE appropriation made by the last Legislature for better pavements in our streets, seems to have given an impetus to every department of our city government toward discovering and removing those evils, which have made the death rate in New York so much larger than in most of the great cities of the world. The ceaseless roar occasioned by passing vehicles along our great public thoroughfares precludes conversation while riding, and to a certain extent in the house unless with closed windows. The effect of this almost ceaseless noise upon sick and nervous organizations can not be expressed. The traffic here is certainly no larger than in the great thoroughfares of London and Paris, where with better pavements the noise is not one-twentieth part as great.

Bad as our pavements and streets are, contributing their share to sickness, a still more prolific cause of evil is in the great rivers which surround this city, and which would, if not prevented by impediments placed in their way, with every tide sweep into the ocean all the impurities draining into them from the city. These impediments consist in ill-constructed docks under and between which are gathered the refuse matter of slaughter and gas houses and the drainage of great sewers.

Dr. Morris, of the Health Board, as the results of a six months' examination, presents a startling report of crumbling bulkheads and shattered sewers; of slaughter houses and large manufac-

tories pouring their filth into the river, which accumulates between rotting piers, until the stench in the vicinity of the markets and the great store houses of food along the shore is almost unbearable. How much of this poison is conveyed to the consumers of food it is impossible to determine. Some years ago an effort was made to construct a scientific system of docks along our entire water fronts, and one dock was built near the battery, but politics interfered and the matter ended.

As it regards the local death rate in the city Dr. Tracy, Register of Vital Statistics of the Board of Health, presents a report based upon careful investigation which will surprise every one. He says:

"Out of an estimated population of 1,526,081 in New York, 1,093,701 have been found to be living in tenement houses, not including the first class apartment houses and flats of the better kind. There were 40,175 deaths in the city in 1888, and 24,842 of these occurred in tenement houses. The number of persons who lived in tenement houses and died in hospitals and other public institutions during the year is not accurately known. The general death rate per 1,000 inhabitants was 26.33, while the death rate among tenement dwellers was 22.71.

"In the district west of Broadway and south of Fourteenth street the death rate was 26.60, while in the district east of Broadway, which is the most densely populated part of the city and contains a tenement-house population almost exclusively, the death rate was only 22.55. 'This,' Dr. Tracy writes, 'would seem to indicate that the population of the city has been underestimated and that the quoted death rate is too high, or that all the deaths belonging to tenement houses had not been credited to them, or else that the death rate is actually lower for the tenement-house population than for the rest of the city.'

"In all the districts the death rate of persons five years old and over, as a rule, decreases as the number of tenants increases, while the death rate of children under five years of age increases up to a certain point, but when there are more than eighty tenants to a house the infant death rate diminishes the larger the number. It will be noticed that the general death rate is largest in houses containing from sixty to eighty tenants and that it is caused by the higher death rate of children, which reaches 114.04 per 1,000 living in those houses. The progressive decrease of the death rate among persons five years old and upward may be accounted for in three ways. The larger houses are occupied by poorer people and

a larger proportion of the sick go to hospitals, or that the houses contain a larger proportion of the age when the death rate is lowest, or that the tenants of larger houses actually live under better sanitary conditions than those of the smaller ones.'

"Dr. Tracy sums up the results of his analysis as follows:

"1. The death rate in tenement houses is less than the general death rate of the city.

"2. The death rate in large tenement houses is less than in smaller ones.

"4. While diarrhoeal diseases and diphtheria show a greater death rate in the larger houses, phthisis and pneumonia show comparatively little difference. That difference, however, is in favor of the larger houses.

"4. The greatest general death rate, the greatest death rate among persons over five years of age, the next to the highest death rate from diarrhoeal diseases and pneumonia, and markedly the highest death rate from phthisis, are in the district south of Fourteenth street and west of Broadway. The excessive mortality in this district probably is connected with the greater number of old houses and the dampness of the soil."

One cause for the difference of mortality stated by Dr. Tracy, and which will surprise every one, may arise from the work of the Board of Health, whose authority in sanitary matters during the past few years has been absolute. The attention of the board has been specially devoted to the tenement districts. The construction of the houses has been watched and the tenements carefully inspected, while the better class of houses have been left more to the tenants. We are heartily glad that the government in all its departments, stimulated and pushed forward by its wise, fearless and energetic mayor, are taking the necessary steps to get at the real facts in reference to the condition of the city. Let them go on with the intelligence and energy they are now showing and it will not be long before we shall have the healthiest, cleanest and most comfortable and beautiful city in the world.

#### A PROPOSED MATERIA MEDICA.

THE "Homœopathic School" seems to be greatly exercised over its materia medica. The *Medical Advance*, an ultra-Hahnemannian organ, says, "in the perfect materia medica, contemplated by the materia medica committees of Boston, Brooklyn and New York, the provings of the *materia medica pura* are not to be included for the following reasons:

1st. No drug is to be accepted for the new materia medica, unless at least seven experiments, either voluntary in the way of provings or involuntary in the way of poisonings, have been made with it.

2d. No proving is to be accepted, even for criticism, unless a full statement has been made concerning the method adopted in making the proving, and unless detailed results of the experiments are given.

From these requirements it necessarily follows that the symptoms recorded by Hahnemann and his co-laborers in the making of the *materia medica pura*, can not be admitted, because they do not come up to the requirements of modern science (?) or the demands of a "perfect materia medica."

It will thus be observed that the ultra-Hahnemannian is not willing that his work shall be tested by the crucible of the science of to-day. It is this very spirit of blind adherence, which has actuated many members of the "homœopathic school," that has kept its materia medica so long without the pale of scientific medicine,—because it could not bear the scrutiny of exact and never varying experiment.

We are glad to see that there is a movement to change this state of things, for it can not do other than good, by leading to closer study and by showing that *infallibility* can not be tolerated by the spirit which controls the investigation of the present.

It is an omen that augers well, that leading homœopaths are willing to admit the utter unreliability and uselessness of much of the material used in the making of books upon this subject, but it is a doubtful matter, judging from the press comments we have seen, and from the work thus far done, whether there can be sufficient agreement with the leading men in the work, as to its *modus operandi*, to accomplish the desired end.

What really ought to be done is a union of all workers in this department regardless of school!

Let us build a materia medica that will be the standard with medical men the world over, not "homœopathic" nor "allopathic," but simple materia medica.

We feel confident that the time has come when this may be accomplished, provided men will discard prejudice and personal ambition in the matter.

A scheme could be devised by conference which would be both practicable and satisfactory.

The dominant "school," if we must thus style it, is ready and anxious for *facts*, but it demands scientific safeguards in their demonstration. It



will accept "provings" upon the healthy if properly conducted.

The so-called "Homœopathic School" is calling by a large majority for the same thing! Then why not get together and make a work that the whole profession will be proud of, one that can be used for the purpose of prescribing "homœopathically" or "allopathically" according to the wishes of the practitioner or the exigencies of the case.

All the educated physician needs is reliable data respecting remedies, and he will take care of the application to the sick.

An effort like this would break down the barriers between "schools" which have already become mere tissue, and be a great gain to suffering humanity.

The *New England Medical Gazette* has recently published some articles on "Critical Analysis of Provings," which we judge are in the interest of the revised materia medica above referred to. We have carefully and repeatedly studied the "Critical Analysis" and have found a great many discrepancies between the figures and those of the chart, which together with some unintelligible statements, make that part of the article rather perplexing, unless it be skimmed over as hastily as it appears to have been written. We append hereto as a sample of this work a corrected copy of a portion of the cactus article, the effect of our revision being merely to bring the descriptive text into agreement with the accompanying chart. Which of the two is in error we of course can not pretend to say. It seems particularly queer that "C. W." should write "we are no where informed by what potency or preparation Rubini's symptoms were produced," when the very chart prepared by himself, to which this sentence refers, shows "Dil. 1st" at the head of Rubini's column. A glance at the "Encyclopædia of Materia Medica" will show where the mistake lies. If the "homœopathic school" is to have a materia medica to be depended upon, the work must be done with more care than is shown in the samples we have.

We quote the following, that our readers may judge for themselves as to the practicability of the work in question:

"Here we have placed side by side the results of nine provings of cactus by five different persons, at least, as we do not know, except inferentially, that Rubini's proving, was made by more than one person. Before analyzing each proving by itself, it will be well to make a general comparison from left to right, in the order of arrangement. Beginning with Rubini's proving,

we find that he records nine *mind-symptoms* (remembering that it is not always possible to distinguish closely between head and mental disturbances).

"Opposite to these nine mind symptoms are provings two to five, inclusive (all by Hencke), which present nothing in the way of mind symptoms. We are no where informed by whom or by what potency or preparation Rubini's symptoms were produced (except that in the accompanying chart his column is headed "Dil. 1st"). But we know that seven and eight were accredited to the tincture, of which Dr. Fitch, the prover, took first from seven to twenty drops, and in the second proving one hundred and ninety drops, though it is not stated whether these were taken all at once or seriatim—this would, for obvious reasons, make a great deal of difference in the result.

"Number nine, Dr. Burt, took from one hundred to six hundred drops of the third dilution (of cactus serpentaria); but he records no mental effects at all, which is strange.

"So of nine or more provings, by five provers, only three furnish mental symptoms. Now, if Rubini and his provers took the tincture like Dr. Fitch, these alone are credited with mental effects—while the dilutions from two to four were accredited with none.

"But provings five and six, also of the tincture, record no mental effects.

"When we compare the *head symptoms*, following the columns from left to right, we find that all but provings two and eight recorded head symptoms (from one to seventeen each). Later on we will compare these symptoms as to their pathological value.

"Passing over the symptoms of the *eyes, ears, nose, mouth and throat*, which are very scanty, we come to the *gastric symptoms*, where we find that Rubini records a long list of twenty-one gastric symptoms; besides that, number five (Hencke) has one; seven and eight (Fitch) record three.

"Again, we find that the tincture provings are slightly more prolific in effects, but the results are still so scanty that they are scarcely better than where no results were obtained. We can not account for this discrepancy, because we are not informed in these cases, with but two exceptions (Fitch and Burt), concerning the dose taken by the provers; notwithstanding Rubini's extended list, we can not judge from the number of symptoms alone, but must defer judgment till after a comparison of the pathological value of the recorded effects. The absence of any state-

ment of the dose and its repetition is a fault which, upon comparison of results, renders every proving useless.

"Of *abdominal symptoms*, Rubini records six, Fitch one after the tincture, and Burt three after an unknown quantity of the third dil.; we are not informed in Allen's cyclopædia\* whether of the decimal or centesimal scale, nor how much was taken at a time.

"We should expect, from the perusal of Rubini's *chest symptoms*, to find that a drug accredited with so great an influence on the chest would produce a marked effect on the *respiratory organs*; but, unfortunately, all but two provings have left Rubini to answer alone with his fourteen respiratory symptoms; Hencke (representing two to five inclusive) records only three such symptoms, and Lembke two.

"We are scarcely better informed concerning the value of the cactus proving when we consider numerically the symptoms belonging to the *chest* comprising chiefly painful sensations. Here Rubini records twelve, while Hencke (from dilutions one and three and from the tincture) records only three symptoms, and Lembke and Fitch (from the tincture) record but one symptom each. The great blank space to the right of Rubini's column contrasts in an unsatisfactory manner with the long list on the left.

"It is the heading *heart and pulse* which from Rubini's records would lead us to expect very marked and coincident effects from all provers and provings. Rubini furnishes seven such symptoms, but they are, as we shall see, of an ominous character, and from their description, so dangerous and violent, that this is the region where cactus seem to develop its most distinctive and peculiar effects.

"Strange to say, Hencke, from three grades of dilutions, has no effects to record; but he notes four symptoms from the tincture.

"Lembke, who has hitherto furnished only six symptoms of any kind, records no less than twelve symptoms relating to the heart and pulse.

"We must here call your attention to the principle expressed in our rules. That one prover will repeat most of his symptoms in each successive trial of a drug, so that these repetitions do not count as so many symptoms, but only as a peculiarity of that prover; we should, furthermore, bear in mind that we are not endeavoring to discover peculiarities of individuals, but effects of drugs *common to all provers*, before

we can justly announce them as effects of the drug.

"Following the columns further to the right, we find that Fitch, from considerable quantities of the tincture, has but one little insignificant notice, not properly to be called a symptom; while Burt records no heart and pulse effects at all.

"Lastly, Rubini furnishes eleven symptoms relating to temperature and *fever*, while but one other prover, Lembke, furnishes only one symptom to be classified under that head.

#### COMPARISON OF PATHOLOGICAL VALUE.

"In how far a proving like that of cactus is to be adjudged as valid for therapeutic uses, under the rule of similars, will appear more clearly from the comparison of symptoms with regard to their pathological agreement, and as to the kind of sensations produced in the different provings, reading them from left to right, or the other way.

"Here we discover that in the *head symptoms* the predominant pain is one of pressure, which occurs five times in Rubini's list; besides there is the usual kind of sensations, such as 'emptiness,' 'pulsating,' 'tension,' found in every proving. The first dilution records no sensation of any kind; the third and sixth record 'pressure;' the tincture is accredited with 'pulsating' and 'pressure,' the latter by two provers, while Burt's third yields dull frontal and cerebellar pain.

"In regard to the *kind* of sensations recorded, there is noticeable a certain degree of resemblance in character which we might accredit to this drug, if it did not occur in most provings where numerous head symptoms are recorded.

"It also must be borne in mind that four provings were by one person who simply repeats himself, while the pulsating, jerking and pressure derived from the tincture of numbers six and seven are not strongly congruous.

"If we were fortunate in finding some agreement in the head symptoms, we are less successful in establishing a good degree of harmony in the *gastric symptoms*, of which Rubini has a long list; the first, third and sixth dilution furnish none; the tincture, however, furnishes four symptoms by two different provers, one of whom (Fitch) agrees with Rubini in describing his appetite as 'better than usual,' and 'better than ever,' and in another instance in which Rubini's prover felt as if 'a reptile were moving about in the interior,' while Fitch felt 'a sense of something disagreeable in the stomach.'

"The coincidences are too few and too figura-

\* Here C. W. adds in a note, "nor in the original translation by Ad. Lippe. A. J. Tafel, Phila., 1865,"—which is unintelligible, as Burt's proving is not a translation.—ED. NORT.

tively expressed to prove a concordance of drug-effect. Taking into consideration the profusion and violence of Rubini's symptoms, we should expect at least half as many and as distinct on the part of the other provers; instead of this, we have a great vacant space.

"The same remarks apply to the *abdominal symptoms*. Rubini notes a variety of very distressing, violent effects, chiefly painful constriction, borborygmi and heat of abdomen; in this he is seconded by Fitch and Burt; while provings two to six furnish no effect at all, so that there is not a majority of provings to prove the drug to be the agency giving rise to the recorded effects.

"Where we encounter an array of vividly described violent effects of a drug as produced upon one person, we should reasonably expect the same result to be experienced by a number of others, but in this respect we fail to discover sufficient evidence of the effects of cactus in the sphere of the abdominal organs.

"In the chapter of symptoms derived from the organs of the chest, Rubini records 'oppression' and 'constriction' in various degrees of intensity, such as 'constriction as if from a cord tightly bound around the false ribs,' or, 'as if parts were compressed by iron pincers.' In another case it feels so tightly bound that the patient cries 'leave me alone,' etc.

"Provings two, three and five (first, third and tincture, Hencke) furnish one symptom each, chiefly pressure, pain and drawing; number six has stitches; seven (Fitch) has pain in axilla just for a moment.

"As for the first three, they may hardly be construed as agreeing with Rubini's record, as none of these have constriction, which Rubini mentions five times.

"On the other hand, Rubini's 'sanguineous congestion,' 'pneumorrhagia every four to eight hours,' etc.

"The *heart symptoms*, like those of the other organs of the chest, etc.

"Provings of first, third, sixth, by Hencke and Burt, furnish no symptoms at all. From the tincture, Hencke (number five) has four symptoms, etc.

"Fitch, on the other hand, who proved the tincture very thoroughly, etc.

"Of the symptoms of *disturbed sleep*, etc.

"The first, third, and sixth, as usual, record no effects, while the tincture produces effects analogous to Rubini, of disturbed sleep, while Fitch (seven) felt well and refreshed in the morning, and Burt slept well every night during whole of proving.

"These effects are too incongruous, etc.

"As you will see at a glance, the section embracing what purports to be the effect of cactus on the *temperature*, is a most unsatisfactory one, etc."

#### THE TREATMENT OF TYPHOID FEVER.

A PAPER by Dr. Simon Baruch, reprinted from the Transactions of the State Medical Society, for February, 1889, deals with this subject in a manner so remarkable as to justify us in calling serious attention to its statements and deductions.

The author begins by presenting to us the appalling fatality of typhoid fever under the now prevalent expectant antipyretic plan, "which seeks by nourishing the patient, placing him in good hygienic surroundings, combating complications, and reducing the temperature, to conduct him to a safe issue." The mortality under this treatment in the New York hospitals, was stated by Dr. Delafield, in 1885, at 24.66 per cent. In Germany, according to recently gathered careful statistics, it amounted to 21.7 per cent., with this is contrasted the marvellous success of the cold-bath treatment, which Brand, of Stettin, brought before the profession in the above-mentioned country, and by which the mortality is reduced to 3.9 per cent.—or even, as Brand has reduced it, to one per cent. More significant still, if we subtract from the latter figures those cases not treated before the fifth day, the mortality is shown to be absolutely *nil*—in other words, it is asserted by Brand, on the strength of these statistics, that *all* cases of typhoid fever coming under treatment before the fifth day should recover!

On the other hand, the only advantage from antipyretic medicine, according to our author and Brand, appears to be that "the patient is able to die with a nearly normal temperature." No wonder that even "a faithful adherent of drug medication" has been heard to remark that "it is singular how antipyretics are falling into disuse!"

The reason why the strict cold-bath treatment of typhoid fever is superior both to the antipyretic expectant plan, and the mixed treatment advocated by Liebermeister and Ziemssen, may be briefly stated thus: Cold baths are antifebrile (stimulating) remedies, while antipyretics are simply antithermal; and it is now conceded that high temperature is *not* the chief source of danger in this disease.

In short, it appears to be demonstrated, as clearly as argument and statistics can demon-



strate anything, that the cold-bath treatment is the ideal treatment for typhoid fever, and that, in order to obtain the best results, it must be rigorously adhered to. When carried out unflinchingly, but with judgment, "the whole aspect of the case is changed; the patient is bright, cheerful, eats well, sleeps well, all his functions are properly performed, and, what is most important, complications are prevented. Even disease of the intestinal glands does not go beyond infiltration, if the case be treated early."

We are told by Dr. Baruch that this treatment was "first suggested" by Brand in 1861. But he also quotes Liebermeister as saying, in his criticism on Brand's work, that the author "occupies pretty much the ground of Priessnitz." We have no doubt that this latter assertion is perfectly correct. The credit of having, many years before, opened the path which has led to such triumphant and unparalleled results, should, in all fairness, be awarded to the "peasant-charlatan" of Silesia.

In conclusion, the author reviews at considerable length the various objections which have hitherto prevented this "apparently heroic" treatment from becoming popular. These may almost all be regarded as arising from the timidity of patients and their friends, the inconvenience of the baths, or the invincible prejudice cherished by most practitioners in favor of drug medication. They can not long prevail, if the evidence opposed to them is, as Dr. Baruch claims, clear and uncontrovertible—but it is saddening to think of the number of lives which must be needlessly sacrificed before they are overcome.

**SIR ANDREW CLARK ON CONSTIPATION.**—The instructions which Sir A. Clark asks his pupils to give to their patients for the management of simple constipation, are as follows: 1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to a half pint of water, cold or hot. 2. On rising, take a cold or tepid sponge bath, followed by a brisk general towelling. 3. Clothe warmly and loosely; see that there is no constriction about the waist. 4. Take three simple but liberal meals daily; and, if desired, and it does not disagree, take also a slice of bread and butter in the afternoon. When tea is used, it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastries, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kinds,

with meals. 5. Walk at least half an hour twice daily. 6. Avoid sitting and working long in such a position as will compress or constrict the bowels. 7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil. 8. If by the use of all these means you fail in establishing the habit of daily or alternate daily action of the bowels, you may try, on waking in the morning, massage of the abdomen, practised from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert spoonful, or more, of the best lucca oil. It is rather a pleasant addition to potatoes or to green vegetables.

Treated upon physiological considerations, Sir Andrew believes that in the vast majority of cases simple constipation may be successfully overcome without recourse to medicine.

**THE DETECTION OF CHRONIC BRIGHT'S DISEASE.**—In a paper published in the *Medical News*, Dr. Charles W. Dulles, in reporting a very interesting case of Bright's disease, calls attention to one or two practical points which seem worthy of special notice.

First, he notes a sign observed in the physical examination, which experience has led him to regard as being of peculiar significance, viz., a loud, ringing or booming second sound of the heart, which he compares to that which is heard when one presses the palm of his hand pretty firmly against his own ear, and at the same time taps the back of his head with his forefinger. He regards this sound as indicative of a moderate degree of hypertrophy of the heart.

Secondly, he calls attention to a mode of securing the specimen of sediment for microscopic examination, which avoids to a considerable extent the risk of overlooking or failing to discover morbid elements present in the urine.

He regards it as a matter of considerable advantage to allow the urine to settle in a vessel with straight sides rather than in a conical one, as recommended in most of the books. Tube casts, especially the hyaline casts, when only a few are present, may readily lodge upon the in-

clined sides of a conical glass and fail to reach the bottom. He much prefers to use a test-tube with a foot.

After allowing the urine to stand for twenty-four hours in such a tube, having a piece of paper pressed down upon and around the top to keep out foreign particles, he takes a long, pointed glass tube, closes the upper end firmly with his finger, and pushes the point through the centre of the paper cover of the test-tube to the bottom of the urine. Then on removing the finger the bottom layer of urine, containing the deposit of twenty-four hours, flows up into the long tube. He then carefully twists a piece of soft paper over the upper end of the small tube, or stuffs a little absorbent cotton into it, to keep out foreign substances, and allows the apparatus to stand undisturbed for twenty-four hours longer, during which time the whole deposit settles undisturbed in the lower end of the small tube. Then closing the upper end of the small tube with the finger he withdraws it carefully from the test-tube and allows the two or three drops nearest its point to run out on a slide in two or three places, covers them with a thin glass and puts them under the microscope.

By attention to such details it is possible to secure a typical specimen of the deposit, one which will be very certain to contain casts, if any are present, and the examination of which will allow the physician to pronounce with a good deal of positiveness for or against the presence of renal disease.

**A MARVELOUS VOICE.**—The *British Medical Journal*, remarked recently upon the enormous vocal power displayed by Mr. Frank Richmond, "the orator," who explains the action of the realistic drama so vividly presented by Buffalo Bill's cowboys and redskins. This modern Stentor has often made himself distinctly heard by an audience of thirty thousand persons in the open air. This throws Mr. Gladstone's famous record at Blackheath, in 1874, altogether into the shade. Some idea of the vast amount of work which the "orator" gets out of his vocal organs, may be formed from the fact that his running commentary on the show contains more words than the part of Hamlet, which, as is well-known, taxes the powers of the best trained actors. This severe effort the "orator" makes—and makes successfully—twice a day for months together, under much less favorable acoustic conditions than players even in the largest theatres. The vocal cords in the case of this phenomenon, it appears, are of ordinary length, and not much

above the average in breadth, but the vocal processes at once strike the observer by their extraordinary development. They project inwards towards the middle line, like two large spurs, when the glottis is open. The great leverage thus given to the laryngeal muscles allows them to act to the best advantage with a minimum of effort. The larynx itself is of a large size, and the pharynx is exceptionally roomy and well developed, whilst the mucous membrane covering it is remarkably free from granulations and roughness of any kind. The "orator's" vital capacity is not above the ordinary standard, but what breath-power he has he utilizes to the utmost with the art of a trained elocutionist. The secret of his remarkable delivery lies more in the perfection with which he has learned to use his natural advantages than in any notable peculiarity of physical conformation.

**THE** medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physician's Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will co-operate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the register, an official envelope which requires no stamp will be provided for their return to Washington.

If all practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehen-

sive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

**T**HE *Chemist and Druggist* says that a new source of brandy is said to have been found by a botanist of Pondicherry who has discovered that the pulp which covers the poppy seed contains saccharine matter which, after fermentation and distillation, produces a kind of spirit of brandy of an agreeable flavor. As this pulp has hitherto been thrown away, the discovery affords poppy planters an opportunity of realizing some more profit from their crops.

**A**N INGENIOUS TEST FOR VISUAL MALINGERING.—In a large factory a workman in wielding his hammer carelessly allowed it to slip from his hand. It flew half across the room, striking a workman in the left eye. The man brought suit in the courts, and although an eminent oculist, after an examination, declared that no apparent injury could be detected, claimed that his eyesight was destroyed, and refused all offers of compromise. As the law requires owners of factories to pay all claims for damages resulting from injury during work, the owner, though confident that the man was shamming, had about made up his mind that he would be compelled to pay the claim. On the day of the trial a further test was made. The oculist for the defence had a pair of glasses made, the right eye being of red and the left eye of ordinary glass. He brought also a black card with a sentence written on it in green ink. The plaintiff was ordered to put on the glasses and read the sentence, which he readily did, thus proving himself a perjurer, as the sound right eye, being fitted with a red glass, could not distinguish the writing—the combination of green and red producing black, which, on a black ground was, of course, not visible—and the left eye, which he claimed was blind, was the one with which the reading had to be done.

**W**E ARE delighted to announce that the senior Editor of this journal has completely recovered from his recent severe illness, and will soon be in harness again with his old-time vigor.

**T**HE great scare about a case of yellow fever in Brooklyn, ends with the proof that the case was not one of yellow fever, but of remittent fever. In the meantime a house has been quarantined with all its inmates. It is always well to take all due precautions; but, is yellow fever so hard to diag-

nose that the Board of Health of a great city can find any excuse in making such a blunder as that made in the case of Dr. Dudley. If the Brooklyn Board of Health had remembered and followed the old aphorism, "be sure your right, then go ahead," they would have saved a great deal of trouble.

#### A NEW POINT IN THE DIAGNOSIS OF GRAVES' DISEASE.

Experiments by Charcot and R. Norris Wolfenden (*Practitioner*, December, 1887), appear to have established the point that in Graves' disease the body resistance to the passage of the electrical current is lowered in a most remarkable manner.

If any number of healthy people are examined by placing one electrode on the nape of the neck and the other on the top of the sternum, it will be found that the body resistance to the passage of a moderate current 15 volts EMF, will register about 5,000 ohms. One may regard anything approaching 3,000 ohms as low, and 2,000 ohms as very low, and 1,000 ohms as remarkably low resistance. The resistance of the healthy body to the passage of a current of about 15 volts EMF, is really very great, and very little passes through the system.

On the other hand, we might almost say that there is no body resistance at all in many cases of Graves' disease. In well-marked cases it varied from 500 to 950 ohms, average about 700. Sometimes it sank as low as 300 ohms. When the disease was of the undeveloped or "fruste" form, the electrical resistance varied from 1,000 to 1,500 ohms, average about 1,300.

*In ordinary goitre the body resistance is not diminished.* As for other nervous conditions—in epilepsy, and to a lesser degree in hemiplegia, the body resistance was in some cases much lowered, and to a lesser degree, perhaps, also in paraplegia and infantile paralysis. In a very bad case of chorea in a man of thirty-seven, due to fright, it was found to stand at 350 ohms.

It is a curious fact, that in well-marked cases of Graves' disease a deflection of the galvanometer needle may be obtained by using a current strength of only 2-3 volts EMF, a feat which is impossible with any other condition.

The practical importance of the point as regards Graves' disease, is shown in the fact that its proof can be obtained in the early or "formes frustes" of the disorder. Silvia has noted that the electrical resistance in three of his cases increased from 1,000 to 5,500 ohms, with improvement of the patients under treatment.

#### THE CHOICE OF GENERAL ANESTHETICS.

Dr. Hunter McGuire, in a recent number of the *Virginia Med. Monthly*, says, in general terms, that in feeble, very anemic people, or those suffering from the prostration of shock or loss of blood, he preferred ether to chloroform. In the young or the old, or in cases where cardiac, renal or pulmonary trouble is suspected, he thought, as a rule, chloroform safer than ether. Death might result from the administration of either anesthetic in the most competent hands, but as to which was more apt to kill, was, though a paramount question, yet undetermined. In recommending chloroform in cardiac troubles, Dr. McGuire wished to



except a nervously weak heart. In organic valvular disease of the heart, with the usual compensative muscular hypertrophy, there was no cause for alarm. On the contrary, the heart's action usually became more quiet and regular. But with a weak heart from fatty degeneration, or from loss of blood, or great anemia from other causes, any anesthetic was hazardous, but chloroform was less dangerous than ether.

Chloroform was considered the more powerful and immediately dangerous anesthetic. When it killed, it did so suddenly and shockingly, but when the vapor was withdrawn and consciousness began to return, the danger was absolutely over. Ether might kill suddenly, though not as likely to do so as chloroform; but the danger was not over when the vapor was removed; alarming symptoms or death might occur by cardiac paralysis a few minutes later, or by acute nephritis or pneumonia hours or days after its administration. It was safer, when using chloroform, to keep the patient's head turned to one side, so that a vapor four times heavier than the atmosphere may not occupy the base of the cone and thus exclude the air. Great care was necessary in the early stage of the administration of chloroform, not to use vapor too concentrated, or to administer it too rapidly, otherwise the nervous centres presiding over the heart might be surprised and overwhelmed. Ether was safer than chloroform if the operation was to be performed during partial anesthesia. Chloroform was to be used in all operations about the face and throat where blood or other fluids were liable to escape into the wind-pipe, because it did not abolish the irritability of the larynx or trachea, as ether was apt to do.

Of all the elements of danger from chloroform, Dr. McGuire considers fear on the part of the patient the greatest. Emotional excitement greatly increases the chances of paralysis of the nerve centres which preside over the circulation. The principal reason for the safety of chloroform in children was found in the fact that they were ignorant of its danger.

## BIBLIOGRAPHICAL.

**LECTURES ON DISEASES OF THE HEART.** By Edwin M. Hale, M.D. Third Edition, enlarged and improved, with a complete repertory by Dr. E. R. Snader. Pp. 478, 8vo., cloth, \$3.25. Philadelphia: F. E. Boericke.

It is now six years since the second edition of this important work was issued. Since that time great advances have been made in cardiac pathology and therapeutics, and it has become necessary to enlarge the book and bring it into accord with the present advanced status of the healing art.

The Third Edition is, in consequence, a volume double the size of the second, including, as it does, much new matter in the shape of the following elaborate and practical essays, which contain the results of the author's latest study and experience, as well as that of others:

The Relations of Abnormal States of the Heart to Abnormal Conditions of Other Parts of the Body; Oertel's Treatment of Weak Heart; Is the American Heart Wearing Out? Cardiacasthenia; The Effects of Tobacco on the Heart.

In addition, we have a complete materia medica of all the new cardiac medicaments. In no direction has there been a greater advance in cardiac therapeutics than in the discerning and investigation of drugs which have a specific affinity for the heart and circulatory system. *Digitalis* does not now stand alone as the principal heart

remedy. It is a typical drug only, and around it are grouped others almost as important, such as *Adonis*, *Barium*, *Cereus*, *Convallaria*, *Caffeine*, *Nereis*, *Sparteine*, *Strophanthus*, and others. Some of these have been proven on men and animals, and all have further substantiated their claims as valuable cardiac remedies by a large clinical experience. In presenting these remedies the author has collated this experience, drawing freely from all sources; he has also given his own views of their mode of action, and laid down the indications for their use, the dose, etc.

An excellent feature of this edition is a complete repertory of heart symptoms prepared by E. R. Snader, M. D., of Philadelphia, which will prove an invaluable aid.

**MESSAGE SECHE.** By Thomas Cecil, Lecturer on the Art of Massage, Bellevue Hospital Training School for Nurses, New York City. J. H. Vail & Co., New York. Price, \$1.00.

This book deals with the practical methods of massage. Its object is to enable the physician to carry out the treatment in his private practice, and is the result of extensive experience. Massage, when practised scientifically, gives vigor to the whole system. It strengthens the muscles, gives tone to the nervous system, and increases the functional activity of all the organs of the body. It improves nutrition and thus the quantity and condition of the blood. It enables the system to throw off the poisons of malaria, etc., aborts gout, rheumatism, and kindred diseases. It is of excellent use in cases of *infantile paralysis* and spinal troubles. In old age it wards off the diseases that are prone to occur because of sedentary life.

The instruments necessary for carrying out the massage treatment are made by Hazard, Hazard & Co., New York.

**LECTURES ON BRIGHT'S DISEASE.** By Robert Saundby, M. D., Edin., Fellow of the Royal College of Physicians, London; Emeritus Senior President of the Royal Medical Society; Fellow of the Royal Medical Chirurgical Society, etc., etc. In one octavo vol., nearly 300 pages. Price, \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York. Its contents: Pathological Section I. comprises: Albuminuria; Pathology of Dropsy; of Polyuria; of Uremia; Cardio-Vascular, and Retinal Changes. II. Clinical Examinations and Tests of the Urine in Health and Disease. III. Bright's Disease, its History; Classification; Etiology; Anatomy of the Kidney; Febrile Lithemic and Obstructive Nephritis; Complications of Chronic Cases; Treatment. Fifty Illustrations.

This series of Post Graduate Lectures on "*Bright's Disease*" by a thoroughly competent hand will be welcomed by the profession. The author of this volume by talent, position, study, long experience and special attention to renal diseases is amply qualified to present such a volume. The whole subject has been thoroughly investigated, the present state of contemporary knowledge on this disease is clearly stated, and additions and suggestions which have resulted from thirteen years clinical and pathological study of *Bright's disease* under the most favorable environments have been made. Fifty illustrations from microscopical preparations of urinary and renal diseases are given and inserted in their appropriate places throughout the work.

**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX.** A Work of Reference for Medical Practitioners. Seventh Year. New York: E. B. Treat & Company. 1889.

The *Annual* comprises five hundred and twenty (520) closely printed pages, and presents a fair and instructive résumé of things new in empirical medicine. It fulfills the

purpose for which it is intended, viz., a convenient reference book for the busy practitioner, and is itself a useful compend of new remedies and new applications of old ones. The list of new remedies, by Dr. Percy Wilde, with which the *Annual* opens, is most valuable and well worth the price of the volume. The volume itself must come very opportune to one who is sorely taxed for resources, as often occurs in practice, and in urgent need of hints and suggestions from the experience of others. Moreover, some of the "new" remedies mentioned are old to the homœopathic pharmacopœia—notably, *Lycopodium clavatum*.

THE YEAR BOOK OF TREATMENT FOR 1889. Being a Critical Review of the Practice of Medicine and Surgery during 1888. Philadelphia: Lea Brothers & Co., 1889.

The reader will find in this little volume a concise presentation of facts gleaned from the medical literature of the world during the past year. The work is well done and seems to keep the busy practitioner fully up with the progress of the age.

The Open Court Publishing Co., Chicago, issue a Scientific and exceedingly interesting Study in Experimental Psychology by Alfred Bent. Translated from the French by Thomas McCormick, entitled the *Psychic Life of Micro-organisms*. The author argues that psychological phenomena are met with in every form of life, from the simple illness to the most complicated organism, and that they are the essential phenomena of life inherent in all protoplasm. The line of reasoning and illustration by which the author reached the conclusion that every micro-organism has a psychic life, the complexity of which transcends the limits of cellular growth, illustrated by facts that every micro-organism possesses the faculty of selection as it chooses its food and likewise selects the animal with which it copulates is clear and conclusive.

## CORRESPONDENCE.

### ON ADVERTISING ONE'S SELF.

Among "Some Last Words" addressed "to the Seniors of 1889," by Professor O. B. Gause, of the Hahnemann Medical College of Philadelphia, and reported in the *Medical Institute* for March, we particularly notice the following:

"Long established custom forbids advertising one's self. Any attempt to evade this will be sure to inure to the injury of him who tries it. He will be ostracised from fraternal relations with his colleagues. Many of our school do so far violate this as to put 'Homœopathist' on their cards. I have often said to my classes that this seems to me belittling. I suggest that this would be better:

Baptisia Virgata, M.D.

HOMŒOPATHIC SCHOOL.

"This seems to me *informing* without *limiting*. What would be still better, would be the letters 'H. S.' in left-hand lower corner. 'Homœopathist' limits and derogates from the honorable title of 'M. D.' Your diplomas make you physicians in the broadest sense, not sectarians."

The change of front which has been accomplished by the homœopathic profession of America within the last decade, and the absurd and inconsistent position which that pro-

fession now consequently occupies, were never more openly avowed or more clearly shown than in the above sentences. Thirty or even twenty years ago, an address on such an occasion, from the mildest standard-bearer in our ranks, would have breathed contempt and defiance to the "dominant school," and would have adjured his pupils to keep their distinctive title well before the public, both for the benefit of the latter and in their own interests. No middle course, no disguised hostility, was then dreamed of as either justifiable or expedient. But now, what is it, in substance, that Professor Gause (personally, we have no doubt, a most honorable gentleman) feels himself constrained to impress upon these callow graduates of "Old Hahnemann" (God save the mark!), as a parting admonition? Why, that they can not advertise themselves in *any* way, without violating decorum and getting boycotted by their professional brethren—but since, like many of those very brethren, they probably *will* advertise as homœopathists, this had better be done in the most sneaking and evasive manner possible! "Homœopathist," at full length, "limits and derogates from the honorable title of 'M. D.'" Certainly it does! And just so, proportionately, would "the letters 'H. S.' in the left-hand lower corner," operate. "Your diplomas make you physicians in the broadest sense." Then, in the name of decency, why call yourselves anything *but* physicians—why "belittle" yourselves by assuming the smallest fragment of a sectarian designation? G. L. F.

**Tuberculosis in Fowls.**—According to M. Moulé, domestic fowls are frequently the subjects of tuberculosis, the disease often involving the abdominal organs. *Paté de foie gras* is sometimes almost a pure culture of tubercle bacilli.

**Bromide of Gold as a Medicine.**—Dr. Goubert, in a memoir presented to the Paris Academy of Medicine, advocates the employment of bromide of gold in the treatment of epilepsy and of different forms of migraine. He thinks that this salt is better tolerated than the other bromides. The medium dose for an adult is eight milligrams to begin with—gradually increasing to twelve milligrams—in a weak solution; for children, from three to six milligrams. Too large a quantity gives rise to headache of no great severity, and unaccompanied by sleepiness; this soon goes off on diminishing the dose. The remedy, according to M. Goubert, has a long-lasting action, epileptics, after taking it, sometimes going several years without a return of their complaint.

## OBITUARY.

The recent sudden death of DR. JAMES B. HUNTER, will cause a feeling of sadness throughout the medical profession. Dr. Hunter had won a position as a gynecologist, second to none in the country. His operations at the Womans' Hospital, of which he was one of the surgeons, were the most successful of any performed in that institution, owing in part to the facts of his careful diagnosis and the painstaking with which he supervised the preparation of his patients, the minute details of the operation and his subsequent watchful care. Never in haste, but always working with a clear and intelligent brain and a steady hand, all that skill could accomplish for his patients was done. As a teacher his instruction and presentation of facts was given in so clear a manner as to leave a lasting impression on the memory. Dr. Hunter was a surgeon in the civil war, and for several years the editor of the *N. Y. Medical Journal*. Dying at the age of fifty-one, in the midst of his usefulness, the distinguished gynecologist has left a vacancy in the ranks of his profession which it will be hard to fill.

## TRANSLATIONS, GLEANINGS, ETC.

## RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

**The Laughing Plant.**—Palgrave, in his work on Central and Eastern Arabia, mentions a plant whose seeds produce effects analogous to those of laughing gas. The plant is a native of Arabia. A dwarf variety is found at Kasum, and another variety at Oman, which attains a height of from three to four feet, with woody stems, wide-spreading branches and light green foliage. The flowers are produced in clusters and are yellow in color. The seed pods contain two or three black seeds of the size and shape of a French bean. Their flavor is a little like that of opium, the taste is sweet, and the odor from them produces a sickening sensation and is slightly offensive. These seeds, when pulverized and taken in small doses, operate upon a person in a very peculiar manner. He begins to laugh loudly and boisterously, and then sings, dances and cuts up all kinds of fantastic capers. The effect continues about an hour, and the patient is extremely comical. When the excitement ceases, the exhausted individual falls into a deep sleep, which continues for an hour or more, and, when he awakens, he is utterly unconscious that any such demonstrations have been made by him.

**Hydrastis Canadensis.**—Dr. A. Felsenburg (*Wien Med. Blatt.*, No. 48, 1888) reports highly favorable results from the local operation of this remedy in several successive cases of chronic pharyngitis, some of them accompanied by considerable enlargement of the tonsils. In every instance, after painting the affected membrane several times a day with the fluid extract, there was a decided decrease of the redness and congestion, the swelling subsided, and the subjective symptoms, such as scraping and rawness in the throat, ceased with remarkable promptitude. The patients, therefore, were easily reconciled to the bitter taste caused by the applications, and found this treatment much pleasanter than the gargles and caustics previously resorted to. Probably the employment of hydrastis on other mucous surfaces—e. g., the vagina—would prove equally effectual.

**Very Hot Compresses in Surgical Practice.**—Professor I. I. Nasiloff (*Lancet*) gives an account of several cases of inflammation of the lymphatic glands which he treated with marked success by means of very hot compresses. These compresses consisted of a four-fold piece of linen, larger than the surface over the affected parts. It was dipped into water at a temperature nearly or quite equal to 212° F., wrung out, and applied quickly over the glands, its own temperature being then from 140° to 165° F. These applications were made morning and evening, the compress being allowed to remain on, covered over with cotton-wool, for about fifteen minutes. The applications produce somewhat severe pain, but this did not last long, though sometimes not only redness but a blister was caused. The treatment was continued for about a fortnight. It was found that it very soon began to promote absorption; this action was always accompanied by a rise of temperature, depending apparently upon the size of the diseased glands, and upon the extent to which absorption was taking place. It was noticed that the earlier the treatment was adopted the more effective it showed itself. Professor Nasiloff believes that hot compresses are a valuable form of treatment, not only in strumous glands, but in rheumatic osteomyelitis and in fungoid inflammation of the joints.

**Binioidide of Mercury in Hay Fever.**—Dr. C. R. Illingworth prescribed a warm lotion of 1 to 2000 binioidide of mercury as a douche at bed-time in a bad case of hay fever affecting the chest and nose. The nasal affection dis-

appeared with one application; and the chest trouble was cured by one strong inhalation of the same lotion.

**The Electric Douche.**—M. Gariel, a professor in the Nantes Medical School, proposes a combination of two important therapeutic measures in his method of "general hydropathic electrization." This consists simply of a shower bath to which wires are attached in such a way as to pass electric currents through the water at the time of using it. Patients who have been unable to take the ordinary cold douche appear to have used this modification of it with advantage on account of the quick reaction which follows its employment.

**Inhalation of Carbonic Acid in Dyspnoea.**—At a meeting of the Academy of Sciences in Paris on February 27, 1888, Dr. Edmond Weill spoke very highly of this procedure. In a number of cases of laryngitis and advanced phthisis he had administered by inhalation from two to four quarts of carbonic acid gas, once or twice a day. The effect was to cut short paroxysms of dyspnoea, if the inhalation took place when a paroxysm was in progress; and if it was made between the attacks the respiration became much more free, and the paroxysms became less frequent, shorter and less severe. The same results were observed after inhalations of carbonic acid gas in attacks of dyspnoea in emphysema with albuminuria. Dr. Weill compares the effect of these inhalations with that of hypodermic injections of morphia.

As a Philadelphia contemporary remarks, "it would be interesting and instructive to have some confirmation or correction on this side of the Atlantic of Dr. Weill's views in regard to the value of inhalations of this gas in dyspnoea; for if it can accomplish here what he has claimed for it, it may be a very valuable addition to our armamentarium."

**A Red Veil as a Remedy for Eczema.**—Veiel (*Vierteljahrsschrift E. Derm. U. Syph.*) reports a remarkable case of eczema in a lady who for fifteen years was troubled with red wheal-like elevations on the face, combined with swelling of the eye-lids. These disappeared after four days' confinement in her room. Any exposure, however, to the sun, either in clear or in cloudy weather, reinduced them. The irritability recurred every spring, but lasted each year a longer time; the infiltration of the skin was also greater. Even in a closed apartment, the side of the face turned to the light, if near the window, showed some irritation, manifested by a papular eczema. Shortly after sunset and at night she could go out in all winds and states of the weather. No external remedy afforded any relief. Dr. Veiel concluded that it was not the heat rays of the sun which caused the trouble, for the patient could endure the glow from a fire or oven unaffected; nor the ordinary rays of light, since neither lamp nor candle incommoded her. The chemical rays were next considered, and it was found that a red veil limited their influence most completely. She was accordingly provided with a red veil, and sent out into the open air in the height of the day. The veil proved invaluable; for she who could not leave her room for two minutes in July and August in the forenoon, remained out, with its aid, repeatedly and without harm, for forty minutes at a time. It is suggested that excursionists should substitute the blue veil, usually worn as a protection from the sun, with a red one, since blue affords little or no protection against the chemical rays.

**Lactic Acid in Tuberculous Ulcerations and Lupus.**—The treatment of tuberculous ulceration of the skin and mucous membrane by lactic acid has been advocated by Mosetig, and his favorable conclusions have been tested by M. Rafin, consulting surgeon to the general hospital at Lyons. (See *Lyon Med.*, July 8, and *Practitioner*, September, 1888.) He employed it first in two cases of tuberculous ulcer of the tongue, in which the diagnosis seemed very plain. Both patients were middle aged men, of regular habits, with no sign or history of syphilis. The first was treated for a while with potassium iodide as a tentative



measure to make the diagnosis more certain. No relief followed. The patient was then put upon large doses of cod-liver oil, with a little liquor arsenicalis. The ulcer—which was about the size of a shilling, with rough edges, and no induration—was painted twice a day with an eighty per cent. solution of lactic acid. The improvement was not very rapid, but was continuous, and in six weeks the ulcer was completely healed. The patient died six months later of pulmonary phthisis, but the healthy scar tissue did not break down. The second case was rather less severe, with less general tuberculosis. Under the same treatment the ulcer healed completely in six weeks.

The first case of tuberculous lupus was in a girl of sixteen, of scrofulous temperament, who had much glandular swelling and blepharitis. The lupus affected the tip of the nose, and both alæ nasi. No tuberculosis of the internal organs was recognized. Local treatment by an eighty per cent. solution of lactic acid was followed after two months by complete recovery. The second case was in a man of twenty-one in whom the nose had been affected since he was thirteen. There was no tuberculous history or further tuberculous symptoms. He was treated with cod-liver oil and arsenic, and locally with the same solution of lactic acid. The recovery was slow, but steady, and after six months it was admitted to be complete after a careful examination before the Medical Society of Lyons.

Mosetig claimed for lactic acid that it destroyed morbid but not healthy tissues. This M. Rafin is inclined to admit from his own observations. The base of the ulcers slowly detached itself, the caseous portions disappeared, and then granulated healthily, the fresh tissue growing from their edges. Of its special action on the tubercle bacillus M. Rafin professes no knowledge.

**Calcium Chloride in Glandular Affections of the Neck.**—Calcium chloride is an agent which was held in the highest esteem by the earlier practitioners of medicine, but is hardly recognized by therapeutic authors of the present day. Dr. S. Coghill, of the Royal National Hospital for Consumptives at Ventnor, in a communication to the *Practitioner*, states that he has "again and again seen chronically indurated and enlarged glands, which absolutely amounted to deformity, and which had resisted all previous treatment, yield, even in adults, to the administration of this salt. In children and young persons, when the sleep becomes restless, the breath fetid, the tongue foul and coated, the tonsils enlarged, I know of no remedy approaching it in value. The colliquative diarrhoea, which so often accompanied this condition, and above all, that obstinate dysentery which is seen with hypertrophy of the mesenteric glands, yield to the solution of the chloride of calcium like a charm."

Dr. J. Mays writes in the *Archives of Pediatrics*: "I have used this agent for a number of years, both in private and public practice, and can fully endorse the strong views expressed by Dr. Coghill, especially so far as scrofulous affections of the neck are concerned. \* \* \* Here the chloride of calcium acts admirably. It reduces the enlargement, promotes nutrition, and is generally more efficacious than anything I have ever prescribed. Its resolvent power is equally marked in the glandular swellings of adults, although here it requires a longer time, and its action is facilitated by the simultaneous application of iodine."

This agent must not be mistaken for the chloride of lime—the ordinary disinfecting powder—the composition of which is entirely different. By prescribing the granular calcium chloride this possible error will be avoided. The dose is from two to four grains for children, and from ten to twenty grains for adults. It can be given in milk or water, but the best vehicle for it is the syrup of sarsaparilla.

**Copaiba Officialis.**—Dr. A. P. Bowie writes in *Transactions Hom. Med. Soc. of Pennsylvania*, 1887: in old persons, men I should say, who from cold or other causes can not urinate, or where there is a frequent desire to pass water

and only a few drops pass with much straining—frequently with a mucous discharge from the bowels with much rumbling and rolling in the abdomen—no remedy has proved more efficacious than copaiba officialis, five drop doses of the first dilution on sugar. Of course the catheter will have to be used when necessary, and when using it I always apply the pure balsam to the instrument, and I believe it aids in the cure and is far more soothing than lard or sweet oil.

To relieve the burning and itching at the anus caused by hemorrhoids I know of no remedy more efficacious than copaiba, ten drops of the balsam to one of vaseline. The action of the remedy in urethritis, specific and non-specific, and bronchitis in old people has been very satisfactory.

**Gnaphalium in Sciatica.**—Dr. Pemberton Dudley has used gnaphalium in sciatica, and cured more cases with it than with all other remedies put together. The special indications for its use are pains of a burning character followed by numbness in the affected part. I have also successfully used gnaphalium in cases in which the burning was not present. In one such case the pain was of a decidedly aching character and affected the entire length of the limb. It excited cramps, particularly of the calf muscles. There were also coated tongue, more or less headache, indifferent appetite and constipation. Nux vomica was given without success. Bryonia and sulphur were also prescribed with like results. Then gnaphalium was given and cured the case.

Dr. Korndorfer has also used gnaphalium in sciatica with excellent results. A feeling of lameness, independent of pain, is a good indication. He has usually employed the tincture or the first dilution of the drug.

**Gasoline for Epithelioma.**—Dr. Williams, in *St. Louis Med. and Surg. Journal*, relates the following: An old woman had for twelve years a tumor on the bridge of the nose, close to the corner of the eye. This tumor had always been regarded as an epithelial cancer and was so pronounced by all the physicians who had examined it. I have observed the growth for many years and always considered it malignant. Its history was that of epithelioma. It began as a small pimple or speck and very slowly grew in size and spread in area. At times it was very red and itched intensely. Its surface ulcerated and secreted pus. When I last saw the tumor, about three years since, it was in circumference about the size of a nickel and considerably elevated above the surface of the surrounding skin. Early in February she hailed me on the street to show me that her "pet" was gone. I was much surprised at finding not the slightest trace of the tumor left, nor even a scar in the skin. She told me that she had used nothing but gasoline on it, applied according to her statement as follows: She took a little wad of cotton, wet it with gasoline and placed it upon the tumor, and allowed it to remain for a few minutes and then threw it off, repeating the operation from day to day until the whole growth was gone. The suppurating surface dried up and the tumor simply shrank away. Gasoline is not a caustic, nor even an irritant to amount to anything. There was no doubt that the tumor, whatever it was, was literally cured by the application of gasoline.

**Exposure to the Sun as a Means of Curing Chronic Hydrocephalus** (Dr. Sonna in the *Arch. De Pat. Inf.*).—This means of treatment has been rarely mentioned. Locatelli, of Milan, reports one case which was thus cured, and Nicita of the same city reports three cases. Several of the ancient and early writers expressed the opinion that heat applied would effect a cure. The author has treated five cases with the following results:

1. Hydrocephalus externus. Treated with solution of phosphate of lime, vesicants upon the scalp, exposure to the sun for periods of fifteen or twenty minutes. Cured.

2. Hydrocephalus internus. Iodide of potash, solution of phosphate of lime, exposure to the sun. Cured.

3. Hydrocephalus internus; also paresis of the lower extremities and pulmonary catarrh. Exposure to the sun, with improvement for five months, finally death from broncho-pneumonia.

4. Hydrocephalus externus. Exposure to the sun. Cured after three months.

5. Hydrocephalus externus of syphilitic origin. Iodide of potash and calomel, acid calcium, phosphate and exposure to the sun. Cured.

The following method of exposure to the sun was followed:

An attendant held the child with uncovered head, the occiput being turned towards the solar rays, the position being unchanged for half an hour or less. After four or five days the duration of exposure was increased to forty or fifty minutes. Of course this method did not apply during the cold of winter or the excessive heat of summer.

**Sulphur in Sciatica.**—Dr. Henri Gueneau De Mussy gives a treatment for sciatica which yields surprising results. It consists in spreading on a cloth a thick paste of flowers of sulphur, placing the afflicted member on this sulphur bed and wrapping it up. How the flowers of sulphur act, nobody knows; we can only say that the urine soon gives forth a strong odor of sulphuretted hydrogen. The treatment takes effect very rapidly. One night suffices to relieve the patient of the neuralgia. At a meeting of the Paris Therapeutical Society, some remarkable cures by this method were related by the doctor.

**Dry Corn-Silk.**—Dr. H. Gregory writes to the *Medical Age*: I am personally acquainted with a man who has a diseased prostate and irritable bladder, and he uses a tea made from dry corn-silk, obtained from his corn-crib. He gives the remedy great praise, and I am of the opinion that a green drug extract of corn-silk has demulcent properties of great value in those prostatic and bladder ailments, so common and almost universal among old men.

**Pengawar Djambi, or Paku-Kidang.**—To the physiological surgeon (says the *Therapeutic Gazette*) this substance is extremely valuable on account of its power of rapidly coagulating blood and forming a plug, which for the time being will stop hemorrhage even from large venous vessels. Thus, in opening up the spinal cord there is usually an excessive outpouring of blood from the torn sinuses, an outpouring which may be at once arrested by stuffing pengawar djambi into the wound. It is free from irritant properties, and we see no reason why it could not be made the bearer of antiseptic agents. Under its influence we believe that any cut surface would rapidly dry.

**Pilocarpine in Tetanus.**—A correspondent of the *Amer. Pract. and News* states that quite recently some Continental inquirers, struck by the remarkable action of pilocarpine upon certain parts of the nervo-muscular system, have conceived the idea of trying it in cases of traumatic tetanus. The most complete and gratifying success seems to have rewarded their efforts, even chronic cases of a most pronounced and incurable type having yielded to the new treatment when the entire list of preparations usually given as palliatives had been previously tried in vain. No failures are recorded up to the present, the subcutaneous injection of from two to two and one-half centigrams of pilocarpine once, twice, or oftener each day, always producing an improvement in a short time, and resulting in a complete cure in from two or three days to as many weeks. Other varieties of this dread disease will be similarly treated as opportunity serves, and it is hoped that the new method will have a fair and impartial trial. One experimenter is anxious for an opportunity to see whether pilocarpine hypodermically applied is capable of controlling the tetanic spasms induced by the virus of hydrophobia.

**Phosphoric Acid for Ulcers.**—By Dr. Grossich's treatment, as described in the *London Medical Record*, December 15, 1887, he used a ten per cent. solution of pure phosphoric acid in distilled water. The ulcer is covered with

a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient, for the first few minutes, feels a slight burning sensation, but this soon passes, and within twenty-four or thirty-six hours the ulcer cleans and looks better. Inflammation or eczema of the surrounding parts disappears, and all pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

The treatment by the solution of phosphoric acid was further employed in a case of tuberculous abscess of eight months' duration, and also a case of eczema marginatum which had lasted more than a year, and good results followed.

**Thlapsi Bursa Pastoris in Uric Acid Diathesis.**—Dr. R. E. Dudgeon, *Monthly Hom. Review*, October, 1888, thinks this medicine deserves a thorough and complete proving. It is, he says, evidently a powerful anti-hemorrhagic, and its influence on the urinary organs, more particularly in bringing away and in curing excess of uric acid in the urine, is very remarkable.

Rademacher had a great opinion of it. For a woman whose abdominal cavity and lower extremities were dropsical, and whose urine contained a large amount of blood, he prescribed bursa pastoris, thirty drops, five times a day, with the intention of controlling the hematuria. To his astonishment, the remedy caused a copious discharge of renal sand. The urinary discharge also increased, the oedema and dropsy disappeared, and the patient recovered.

Dr. Kinil, a follower of Rademacher, relates a case of a woman, who, three weeks after confinement, was affected with strangury. She could not retain her urine, which dribbled away, drop by drop, with constant pain in the urethra. The urine was turbid, and had a deep red sediment. Thirty drops, five times a day, of the tincture of thlapsi caused the strangury to disappear at once, and the urine could be retained after a few days. In eight days the urine became clear, and was without sediment.

Dr. Hannon found thlapsi very useful in hemorrhage, when the blood was poor in fibrine.

Dr. Heer used the medicine in the dysuria of old persons, when the passage of urine was painful, and there was, at the same time, spasmodic retention. Following the administration of the medicine, large quantities of white and red sand were discharged, and the troublesome symptoms disappeared.

Dr. Jousset cured a case of hemorrhage, after a three months' miscarriage, with thlapsi, twenty drops of the mother tincture. He also found the drug useful in hemorrhage with severe uterine colic with clots of blood; in the metrorrhagis of the menopause, and in the bleeding from cervical cancer.

Illustrative of the action of thlapsi in the presence of excessive quantities of uric acid in the urine, Dr. Dudgeon cites the case of a lady, aged seventy-six, who had rheumatic muscular pains in various parts, and constant profuse perspirations, night and day. She also had an abundant discharge of uric acid, which generally appeared in the form of coarse sand. The sand continued to pass after the cessation of the sweats and rheumatic pains, which lasted six or seven weeks. Pulsatilla, lycopodium, and picric acid failed, but thlapsi, 1st dilution, caused almost the entire disappearance of the sand.

**Iodoform Internally in Tubercular Meningitis.**—M. Lemoine, in the *Revue Speciale de L'Antiseptique*, speaks highly of the internal administration of iodoform in this disease, and urges its employment from the beginning of the attack. He has given as much as eight grains daily, for a period of three months, with the happiest results, no tonic effects being noted. It is administered in capsules, and he thinks the addition of a little ether of advantage in aiding its absorption.

**Saw Palmetto.**—The fluid extract of this invaluable berry (says the *Pacific Record of Med. and Surg.*) is a nu-

trient tonic, far in advance of the comp. hypophosphites, almost equal to the tincture of oats, but has a special action upon the glands of the reproductive organs, as the mammae, ovaries, prostate, testes, etc. Its action is that of a great vitalizer, tending to increase their activity, to promote their secreting faculty, and add greatly to their size.

It is specially indicated in all cases of wasting of the testes, such as follows varicocele, or is induced by masturbation, or which is often present in sexual impotency. In gynecological practice it is much used to promote the growth of the mammae; and in uterine atrophy dependent upon ovarian blight its action is unexcelled.

But it is on the prostate gland that this remedy exercises its best effects. Out of every ten men, nine have enlarged prostate, and one has atrophy of the same, at ages varying from thirty-five to seventy-five, the result either of early indiscretion, or excess, or perversion of the sexual act, or sedentary habits, or from improperly cured gonorrhea.

Here is a quotation from a text-book on the medical treatment of enlarged prostate:

"There is nothing to be done for it; you can not diminish or increase the size of the prostate by any known means."

The use of the saw palmetto in both enlarged and atrophied prostate completely invalidates the above statement. We could cite case after case of both morbid conditions, in which, by means of this agent, the size of the prostate was equalized, the difficulty of micturition was relieved, the stoppage, dribbling, lack of force, completely overcome, and the improvement in sexual power steady and most gratifying. A perfect rejuvenation follows the use of the palmetto; the general nervous system becomes balanced and reinvigorated.

**Ether as a Parasiticide.**—The very simple and effective proceeding of killing pediculi pubis by one single application of ether has been first suggested by Dr. G. P. Thomas, of Alameda, in California. Ether recommends itself in preference to chloroform, which has been employed for the same purpose, as causing less pain and irritation to the skin of this very tender region.

**The Etiology of Catarrh.**—Dr. George F. Burder thus concludes an article in the *Bristol Medico-Chirurgical Journal*:

The positive conclusions at which I arrive are the following:

1. Catarrh is promoted by the cold of winter, and is greatly checked by the heat of summer.

2. It is promoted by one or more of three causes which occur together—namely, deficient rainfall, dryness of air and northeasterly wind.

But I need hardly point out how unphilosophical it would be to infer from these results that either the cold, or the dryness, or the northeasterly wind is the essential cause of catarrh. Plague, cholera and yellow fever are all in a marked degree under the influence of atmospheric conditions, notably of temperature; yet no one believes that either of these diseases is the direct product of heat, or hesitates to assign it a place among the zymotic group.

I apply the same principles to catarrh. I believe it to have its origin in a specific organism, the germs of which float in the air. This organism, like other organisms, is dependent for its activity and propagation upon atmospheric conditions. Unlike many, it thrives in cold and languishes in heat. Dry northeasterly winds bring to it life and vigor; while southwesterly winds depress its energies, and the rains which accompany them wash it away. Drawn into the air passages with the breath, it lodges in the mucous membrane, where, probably, it multiplies and spreads, giving rise to the local symptoms of a cold. There

may be nothing more than this, or the organism, penetrating the tissues, may find its way into the blood, and, by its presence in the circulating fluid (where again it multiplies), may set up a state of fever.

**Mephitis.**—Dr. A. M. Cushing, in *Phys. and Surg. Invest.*, July 15, 1888, calls attention to a remedy not in general use—hoping some of our scientists may be able to disinfect it so as to test its wonderful properties; that is mephitis. When this substance is introduced into the eye the description is always "it is as bad as fire," producing temporary blindness even in dogs. A gentleman told Dr. C. that at one time he was hunting for a skunk, and looked under a bush to see if it was there—and it was, and proceeded at once to blind the gentleman, which it did effectually. The gentleman said that when the perfume entered his eyes it might as well have been fire; that he was totally blind for some time, but the most wonderful thing was, when he recovered his sight, he could, with the naked eye, count the panes of glass in a house said to be two miles away, and certainly more than one mile away.

**Antipyrine in Ulcers.**—Dr. Bosse reports (*Berlin. Klin. Wochens.*) the cure of several chronic ulcers by the application of antipyrine for ten days, followed by an ointment containing two per cent. of nitrate of silver.

**Management of the Cord.**—About seven years ago, writes Dr. W. T. Richmond, in *Daniel's Texas Med. Journal*, I was induced to consider the propriety of leaving the newly born child without a bandage and the stump of the umbilical cord without dressing. A favorable opportunity offering to put the plan into practice, I was so well pleased with the result that I have discarded the bandage and dressing, in all cases left to my discretion, where there is no special indication for them.

As soon as the child is born I place it so that its movements will not disturb the mother. I then place a ligature on the cord three or more inches from the abdomen; a second ligature is applied about an inch from the first, and the cord divided between them. The child is then given to the nurse who is instructed to wash it in the usual manner. When the child is ready for its dress, I cut the cord again; this time about an inch and a half from the abdomen, envelop the stump in a piece of cloth, and by pressing and stripping remove all the blood, and a part of the jelly contained in it, after which I place a ligature near its extremity and have the child dressed without a bandage. An examination on the following day will show the cord shrunken and drying; on the next day it has much the appearance of a dry scab about the size of a twenty-five cent piece. It will often fall off on the third day, leaving the umbilicus resembling a scar from which the scab has recently fallen.

I know of no advantage the bandage is to the child. It soon becomes soiled and disarranged and is a source of annoyance. It interferes with respiration and increases the danger of hernia in paroxysms of coughing and sneezing, prevents frequent easy examinations of the stump, and renders treatment difficult, if any should be required.

**Point of Diagnosis in Rotheln.**—Dr. Glover says, *So. Med. Record*, he has noticed the earliest symptom to excite attention in cases of rotheln, or German measles, is a swollen gland in the gland in the neck at the back of the sterno-mastoid muscle. This symptom he has remarked four or five days before the rash appears. When the disease is prevalent, or already exists in a family, and a swollen cervical gland in a young person appears, without obvious reason, it may be suspected that the system is already infected.



**Castration of Criminals.**—The following is the recommendation of an enthusiastic socialist who proposes castration as a means of limiting crime. The good effect of this kind of punishment would be fourfold:

1. No offspring with an inherited tendency to commit crime.
2. An added terror to the punishment inflicted for breaking the laws.
3. A gradual improvement in time of the morals of the public at large.
4. An improvement in the disposition of the person operated upon.

**Test for Bile in Urine.**—Chloroform, as a test for bile in the urine, is ready, delicate and certain. All that is necessary is to agitate a few drops of it in a test-tube, along with the suspected urine. If bile be present, the chloroform becomes turbid and acquires a yellowish hue, the depth of which is in proportion to the amount of bile present in the urine. If no bile be present, the test-fluid remains limpid.

**Boiled Water as an Aseptic.**—Microbian cultures says the *Gaz. De Gynecologie* flourish in the most concentrated solutions of carbolic acid; and this is also true of sublimate solutions actually as strong as usually recommended. The accidents occasioned by corrosive sublimate, by carbolic acid and even by iodoform, are so frequent and so well-known, that one can not too warmly urge upon surgeons the use of simple water, which after filtration and boiling at 100° C., or better at 120° C., if one has the proper apparatus, is certainly the best aseptic we have at our disposition. While solutions of hydro-chlorate of morphine for hypodermic use, made according to the old method with distilled water, are full of micro-organisms and of microbes at the end of five to ten days of use, they are preserved pure and perfectly limpid during weeks or even months, if water be employed which has been filtered and boiled.

**Ozone for Bedrooms.**—A simple plan for obtaining ozone in small quantities is to mix very gradually three parts of strong sulphuric acid with two parts of permanganate of potash in a jam-pot, and place the vessel under the bed. Ozone will be given off from the mixture for some weeks.

**The Abortive Treatment of Furuncles.**—Dr. Louis Heitzmann states, in the Cincinnati *Lancet-Clinic*, that salicylic has acted beautifully in his hands as an external application to furuncles. He prescribes locally, an eight per cent. salicylic-acid plaster:

B Acid, salicyl. ....	ij.
Empl. saponat. ....	ij.
Empl. diachyl. ....	j.

If applied early enough, it never took longer than six or eight days to cure furuncles of even a large size and of long duration, and the relief to the patient was manifested in a very short time. It is immaterial whether the salicylic acid is used as a salve or in the form of a plaster.

**A Preparation for Burns on the Eye-Ball.**—Mr. Flanagan, pharmacist to the Massachusetts Eye and Ear Infirmary, recently compounded the following to meet the want of a surgeon in a case of burn on the eye-ball:

Atropine (uncombined alkaloid) . . .	0.10 part.
Cocaine. ....	0.05 part.
Oleic acid. ....	1. part.
Olive oil. ....	9. part.

The alkaloids are dissolved in the oleic acid by means of a water bath, and the solution is then added to the olive oil, warmed.

**A Common Antidote.**—A poison antidote table says, that equal parts of calcined magnesia, powdered charcoal, and hydrated peroxide of iron, in a sufficient quantity of water, is a general antidote for poisoning, for use when the poison is not known. It is a perfectly harmless and simple preparation.

**The Treatment of Burns.**—Altschul (*Monatsch. F. Prakt. Dermat.*) reviews the treatment of burns, and gives the results of his own experience. Iodoform he regards as the application par excellence for burns of the second and third degrees; he prefers an iodoform gelatin of the strength of ten per cent., or, better still, an iodoform paste, of which the following is the formula:

B White wax. ....	3 ss.
Olive oil. ....	3 i.
Solution of subacetate of lead. ....	3 iv.
Iodoform. ....	3 ij to iv.

**Nervous Symptoms from Ocular Defects.**—R. W. Amidon (*Boston Med. and Surg. Journal*, Nov. 24, 1887) considers this subject as a neurologist, and presents many interesting data which are of interest to the general practitioner. Among the common nervous symptoms which may have their origin in ocular defects are headaches located in the occipital, frontal, temporal or vertical regions. Peresthesiæ and neuralgiæ in various parts of the body, hemicrania, vertigo, nausea, etc., may likewise be referred to the same cause. Among the ocular defects which may be mentioned as giving rise to these varied symptoms are, insufficiency, hypermetropia, myopia, astigmatism and presbyopia. A careful study of one hundred and sixty-two cases enabled Amidon to deduce the following conclusions:

1. Patients in whom insufficiency of the internal recti muscles is a prominent defect are very apt to suffer from sensory disturbances in the occiput, nucha, shoulders and back. The disturbances may take the form of acute or dull pain, a heavy pressure feeling or various paresthesiæ, hard to describe and at times exceedingly annoying to the patient.

2. Patients in whom insufficiency of the other recti is prominent do not appear to be subject to occipital disturbances, but, next to asthenopic symptoms which are almost always present, seem to suffer most from vertigo, diplopia and confusion.

3. In hypermetropia and hypermetropic astigmatism, the most frequent complaint, aside from asthenopia, is of frontal headache.

4. In myopia and mixed astigmatism, frontal, temporal and general headaches are about equally common.

5. In cases combining hypermetropia and myopia with presbyopia, frontal, temporal and occipital headaches and vertigo, are present in about equal proportions.

6. In pure myopia and presbyopia, nervous symptoms are seldom prominent.

It is well, then, when these sensory disturbances are present and aggravated by increased use of the eyes, the latter should be examined; especially so when no apparent cause exists for the nervous disturbances. When errors of refraction exist, Amidon recommends the correction of the same by properly adjusted glasses. He deprecates, however, our utter neglect of medical treatment. Sufferers from insufficiency of the ocular muscles are seldom well, and require appropriate remedies to combat such conditions as anemia, neurasthenia, dyspepsia, etc.

**Vaccination in the Treatment of Small-pox.**—Dr. F. A. Van Der Smagt writes as follows from Ceylon to the *Lond. Med. Press*: I may make mention of a new method of treatment brought to the notice of the profession in Ceylon by Dr. P. D. Anthonisz. I give his own words, viz.: "It has been found that if a person affected with small-

pox be carefully vaccinated every second day after the appearance of the eruption, the disease subsides on the eighth day, and that the vesicles do not become pustulous, but dry and scab, leaving little or no marks, and an entire absence of pitting of the skin. In severe cases the vaccination has to be done daily, and in mild cases every second day. So that a mild case will require four vaccinations and a severe one eight. This must be left to the judgment of the medical attendant according to the progress of the disease. The opinion of the profession some time ago was that unless a person was vaccinated within three days after being exposed to the contagion of small-pox, the vaccination would not take effect, and that the person thus vaccinated would have small-pox. This theory has also been found to be erroneous. In an instance where a large number of persons were exposed to the contagion of small-pox, and all vaccinated and re-vaccinated, most of them taking the vaccination, nearly two hundred persons took sick of small-pox, but the disease was of so mild a form that none of them were confined to bed, and all recovered without any of the after consequences."

**Rabies from Tanacetia Acid.**—At the meeting of the Academy of Medicine of Paris, October 18, 1887, M. Hayem read a paper by M. Peyraud, on a comparative study of tanacetia rabies and true rabies. In this paper the author contended that the essence of tansy has a more powerful influence in producing rabies in all animals, except frogs, than true rabies has. The symptoms during life and the lesions found post mortem are similar. The phenomena are due to excitation of the medulla oblongata, and of the roots of the pneumogastric nerves.

**Cannon-Balls in Chronic Constipation.**—Dr. Hermann Sahli, of Berne, has lately introduced (*Corr. Blatt. F. Schweizer Aerzte*, No. 19, 1887, p. 581) a somewhat startling modification of ordinary massage, which deserves to be more widely known. Massage by professional rubbers is expensive, besides being frequently objectionable in other ways. Dr. Sahli thinks that he has hit upon a plan which will make massage for chronic constipation cheap and easily available. The method, which its inventor warrants as effectual, consists in the patient rolling with his own hands a cannon-ball, or other round metallic mass, weighing from three to five pounds, up and down over his uncovered abdomen every day for five or ten minutes. The patient lies on his back during the performance, which should always take place at the same hour. The best time is the morning, before rising. Besides rolling the ball about, the patient should from time to time raise it to a certain height and bring it down on his belly with some force. The whole abdominal surface must be conscientiously rolled every time. The ball may be warmed or wrapped in a woollen cover before use. In some patients this novel form of artillery practice takes effect almost immediately; in most, the bowels are opened a couple of hours after the application. In the bulk of cases the constipated habit disappears in a few weeks, but relapse very frequently occurs when the daily rolling of the abdomen is discontinued.

**Ice Cream Poisoning.**—Dr. Prince A. Morrow (*Practitioner*) makes a suggestion in regard to the causation of the symptoms in ice cream poisoning which is worth bearing in mind. He finds that in all cases where poisonous symptoms have occurred vanilla has been the flavoring extract employed. In preparing vanilla for the market the vanilla pods are frequently covered with a protective coating of the oil of cashew nut to prevent the loss of the crystalline exudation which forms on the surface of the pod. This cashew oil or cardol is highly poisonous, and often produces ill health among the workmen employed in

cleaning, picking over, and assorting the pods. Another possible cause of poisoning is the use of artificial "vanillin" for the vanilla bean. "Vanillin" is made from coniferin found in the sap of the pine, and in its manufacture bichromate of potash is largely used. It is probable that the process of purification is not so perfect as to remove all traces of this latter drug.

**Vomiting in Pregnancy.**—A writer in the *Lancet* says: I have not failed once for many years, by a single vesication over the fourth and fifth dorsal vertebrae, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritus pudendi of the puerperal condition yielded as readily, and to one application.

**Oscillation of the Pupil as a Diagnostic Sign in Epilepsy.**—Dr. G. Echeverria says: attentive examination of the pupils of an epileptic after seizures of *petit mal*, or *grand mal*, discloses an alternate dilation and contraction of the iris, persisting for over a minute after the patient's return to consciousness. This epileptic pupil is also conspicuous during the paroxysms of mania at those moments when the patient suddenly becomes stupefied for a few seconds, staring with eyes wide open and fixed; it again betrays the dubious forms of psychical epilepsy, and, above all, furnishes, even to those most inexperienced with the malady, a sure means of differentiating, in a ready and easy way, true from feigned attacks.

**Dry Chloride of Sodium in the Treatment of Subinvolution of the Uterus.**—In those cases of subinvolution of the uterus where for any reason operative measures are withdrawn advisably, Dr. Hal C. Wyman has found the treatment by dry applications of sodium chloride to the swollen cervix most satisfactory. The formula he uses is this:

B	Chloride of sodium.....	5 j.
	Powd. slippery elm bark.....	3 iiij.
	Powd. hyoscyamus leaves.....	2 j.

Mix and rub in a hot and dry mortar until thoroughly desiccated.

This is applied to a diseased cervix uteri in quantities equal to an ordinary teaspoonful once every other day, and sometimes oftener.

**Detection of Morphia-Taking.**—The physician who has been worried and deceived by the lying and cheating of the confirmed morphino-maniac or opium-eater, says the *Medical News*, will be grateful for any help toward the diagnosis of this disease, which does not depend upon the morbid imagination or the torpid conscience of the patient. Dr. Oscar Jennings, of Paris, has earned some of this gratitude by following up his previous studies of morphinomania with one on its diagnosis and treatment. He suggests, first, the examination of the urine for morphia or opium-salts. The reagents he uses are (1) the double iodide of mercury and potassium ( $\text{HgCl}$  13.546,  $\text{KI}$  49.80,  $\text{H}_2\text{O}$  to a quart). This gives a yellowish-white precipitate with the alkaloids. (2) The iodized iodide of potash ( $\text{I}$  10,  $\text{KI}$  20,  $\text{H}_2\text{O}$  500), the precipitate from which, in the presence of morphia-salts, is brown or yellowish. If the quantity be too small to discover by one of these reagents, boil the urine to a third, treat with tartaric acid, then dissolve the tartrate of morphia thus formed with amyl alcohol; decompose the salt with ammonia, and if morphia be present, the solution should show a blue color on adding the perchloride of iron. A slightly less troublesome proceeding will detect meconic acid and prove the taking of opium; evaporate, wash with alcohol and boiling water,

neutralize with magnesium carbonate, and treat, after filtration, with solution of iron perchloride. A blood-red color is characteristic of meconic acid.

**Catching Cold.**—The time is, I hope, not far distant (writes Dr. Edwin J. Kuh, of Chicago) when our views on the etiology of respiratory diseases will undergo a radical change. The superstition of catching cold has lived too long. The light which mycological research has thrown on the etiology of most infective diseases must soon influence us towards a conviction that respiratory diseases are *inhaled*, not caught, and that suppuration in the respiratory tract is as impossible without the presence of micro-organisms, as it is on a wound. The superstition of "catching cold" is so pernicious because it diverts attention from the entrance-way of disease-generators. It is as impossible to contract an acute bronchitis through temperature influences alone, as it is to contract tuberculosis through a cold.

It is, therefore, of the utmost importance to warn asthmatics that as perfect an avoidance of dust inhalation as is possible in our contaminated surroundings is necessary to prevent a recurrence of their trouble. Not only the dust in the streets, but also that in our houses, is to be avoided as much as possible. Carpets and curtains are great receptacles of dust; and a strict municipal regulation of street sprinkling will in the course of years, when the true etiology of respiratory diseases shall have been recognized, be considered as important as the regulation of sewerage.

**Eucalyptus Honey.**—At a meeting of the Academy of Medicine, held on January 25th, Dr. Caraman read an interesting communication on the honey made in Tasmania by the native wild bees. A French naturalist, M. E. Guilmotte, having noticed near the top of a lofty eucalyptus tree a very large hive surrounded by a sort of black bees unknown to him, cut down the tree, and thus secured nearly eight thousand pounds (3,500 kilos) of honey. In other places he obtained still larger quantities from a single hive. The bee which produced it is smaller than the European, but otherwise differs but little in its general habits. The honey has a strong flavor of eucalyptus. When given to dogs, who are very fond of it, its effect after a day or two is to cause a marked retardation of the heart's movements, and a sensible decrease of the number of pulsations. On man the action is the same. When mixed with water or milk, it forms a very palatable drink, and causes a pleasant feeling of warmth throughout the body. The voice becomes clearer and louder, and the lungs seem stronger and more elastic. Dr. Caraman concludes that eucalyptus honey would probably prove efficacious in bronchial affections, irritation of the larynx, and also in scrofulous diseases.

**Typhoid From a Single Dose** (*Brit. Med. Journal*).—M. Dujardin-Beaumetz has forwarded to the Paris Academy of Sciences a communication on the Pierrefonds typhoid cases last summer. M. Fernet, who occupies a high post at the Ministry of Public Instruction, his wife and family, hired a house at Pierrefonds, a fashionable resort near Compiègne, contiguous to two others. After they had rented it for the season they were told to beware of the water in the well. On this account they drank exclusively mineral water until the last day, when the stock was out, and the servants were too busy preparing to return to Paris to go to fetch some bottles from the chemist. Madame Fernet said, "for once surely, there can be no harm in drinking the well-water." They drank it. Six out of the nine persons have since died, including one of the servants. The cook, two of the four children, and

Madame Fernet had had typhoid fever before, and though attacked again by it after their return to Paris, have got through the illness. The well has been examined and is reported to contain the bacilli which are believed to be associated with typhoid fever. This is a common danger to which visitors to so-called health resorts, both on the Continent and at home, are frequently subjected. The facility with which well-water is infected is hidden from the population by the impunity with which filthy well-water may often be drunk by resident families who have become acclimatized, especially when that water is for the moment infected only by non-poisonous faecal matter, and this fancied immunity often leads to habits of carelessness, for which not themselves only, but their visitors have to suffer.

**Ice-Water Enemata in Treatment of Diarrhoea.**—Dr. Robert M. Simon, writing in the *British Med. Journal*, states that this mode of treatment has frequently been adopted in cases of collapse occurring during diarrhoea in young children at the Birmingham General Hospital. He recommends that the ice should be dissolved in water and from two to three ounces injected. In his experience, which he says has been quite extensive, the immediate effect is good in producing sleep, as is important in the collapsed condition. Subsequently the effect upon the diarrhoea is also good, and it will rarely be found necessary to repeat the enema. It has sometimes been found expedient to give a few drops of brandy about the time of the injection, and perhaps internal medication should be continued. In his experience no depression or bad effect has ever resulted.

**Uranostomatoscopia Frenopatica.**—Giné publishes an article in the *Independencia Médica*, of Barcelona, on phrenopathic uranostomatoscopia, which signifies exploration of the palatine arch to facilitate the diagnosis of imbecility. In every degree of mental deficiency, from backward children to imbeciles and idiots, Giné says a depression of fossa, more or less deep, is to be found in the centre of the arch of the palate. The depression, which corresponds partly with the palatine apophyses of the supra-maxillary bones, and partly with the horizontal portions of the palate bones, has its point of greatest depth on that point of the skeleton which is known to all students as the only spot in which the point of a pin may touch five bones, the two supra-maxillary, the two palatine and the vomer. The supra-maxillary palatine fossa exists normally in early infancy, and is then very perceptible; but if it be very exaggerated, imbecility or idiocy may be certainly prognosticated. The fossa can be simply seen, or can be felt by the forefinger. The depth of the depression corresponds with the degree of imbecility.

**Danger from the Bicycle** (*Southern California Practitioner*).—If one examines the saddle or seat of the bicycle he finds a narrow support of only a few inches for the whole weight of the body. A wider saddle is not possible, as it would interfere with the free use of the feet on the pedals. The horseman, upon his broad saddle, has the additional advantage that the weight of the body rests principally upon the firm tuberosities of the ischia, while with the bicyclist, owing to the narrowness of the saddle, the weight comes upon the perineum, and is transmitted directly to the prostate gland and base of the bladder. If the horseman develops a tendency beyond that of the average of men to trouble with the prostate and urinary organs, the habitual user of the bicycle must develop to a much more marked degree the same tendency, and the result of a general use of the bicycle must be an equally general tendency to hypertrophy of the prostate with its attendant ills.



## MISCELLANY.

—Dr. Jas. W. McLean has been elected President of the College of Physicians and Surgeons—800 students were enrolled during the last year, and 166 were recently graduated.

—Dr. Strong, Chief of Staff W. I. Hospital, reports 699 patients under treatment during the month of May, mortality 3.00 per cent. ; 1905 patients have been treated since January 1st, mortality 4.99 per cent.

—Dr. John A. Tonner, formerly of this city, has received the certificate allowing him to practice medicine in Paris, and he may be found at the "Continental Hotel." This certificate has only been issued to one other besides Dr. Tonner, and it is an honor worthily bestowed. Dr. Tonner is the medical officer to the American Commission, and we commend our friends to him with great confidence.

—Antipyrine is said to be a patented article, is being prescribed over the counter by druggists *ad libitum*, and advertised to the public as a quack medicine. The chemists of this country ought to find a way to give us a substitute that will be regular.

—Children born deaf and dumb it is now shown can be taught to speak. M. Pinel has constructed an electric screen, by which the sound is propagated by the action of the voice on the buccal walls of the upper palate and pharynx. The apparatus acting on the speno-temporal convolutions, communicates a sound which by dint of education, may be comprehended. With the improvement recently made in the phonograph, deaf and dumb children may be taught intonation of letters, words and sentences.

—Netter concludes that pneumonia is a contagious disease of parasitic origin, and is transmitted either directly or by the intervention of a third person, or by inanimate objects, such as wearing apparel, etc.

—To preserve ice from melting quickly in the sick-room, Julius Stumpf recommends putting it in a bag, and then in a box containing enough barley-chaff to cover it five or six inches deep. In this way it can be preserved for several days.

—Porrigo decalvans or alopecia, the *Medical Waif* says, has been uniformly treated successfully by the "repeated application of some preparation of cantharides.

—Dr. Karl Kilcher, Prague, swallowed, as an experiment, some blood of a man who had died of typhus fever. The death from septicæmia of this enthusiastic devotee of science is now announced.

—A woman, on whose body an inquest was recently held in London, is described as having been the greatest chloroform taker in the world, customarily taking as much as a pint a day. The various organs of her body were described as being healthy.

—The hygroscopic quality of table salt, and its tendency to pack together in cruets and containers, may be entirely overcome by thoroughly drying the salt and intimately intermingling it with a small percentage of dry corn-starch or arrowroot.

—There is not in France a medical school which has a professor of gynecology, nor is there in the whole country a special hospital for the diseases of woman. Happy land!

—A woman in Edinburgh, Scotland, is reported pregnant at the age of sixty-two, it being her twenty-third time. She was also pregnant at the ages of forty-seven, forty-nine, fifty-three, fifty-six and sixty.

—Governor Beaver, of Pennsylvania, has appointed Mr. A. J. Tafel, the well-known homœopathic pharmacist, a member of the Board of Examiners provided for by the pharmaceutical law recently enacted in that state.

—A certain Cincinnati doctor recently received a package accompanied with a letter. The writer said they had long appreciated the doctor's efforts in their behalf, and hoped he would accept the accompanying testimonial of their regard for the good work in which he has engaged, and the eminent success which crowned his efforts. The letter was from the Cincinnati Coffin Co., and the package enclosed a miniature coffin arranged as a paper weight.

—Thirteen years ago James Lick, a San Francisco millionaire, bequeathed 130,000 dollars for public baths in that city. They will probably be completed next year.

—Dr. Arthur T. Hills will spend July and August in the European Hospitals.

—Prof. J. Hyrtl, of Vienna, has given six scholarships for medical students, open to students of all nations.

—Of twelve lads who competed in this city, last April, for appointment to a cadetship at the Naval Academy, at Annapolis, not one was found to answer to the qualifications as regards physique required by the government. Three of the candidates were rejected for defective eyesight, and four for malformation of the chest or heart troubles, while one was under the minimum stature allowed.

—Dr. Joseph F. Geisler, official chemist to the New York Mercantile Exchange and to the New York Dairy Commission, recently had a hat with an enamelled sweat band which produced under proper treatment 37.548 grains of white lead. The hat made his head ache, but he paid no particular attention to it, until one day in his laboratory he noticed that the sweat band, which had been exposed to the fumes of sulphuretted hydrogen, was discolored. This led him to make a careful analysis, with the result above stated.

—The *Union Médicale* states that a recent ministerial decree restricts the right to dispense homœopathic preparations to those homœopathic practitioners who really observe the method of dilutions laid down by the homœopathic school. The object of the ordinance is to put a stop to the abuse by which, under the guise of homœopathic preparations, all sorts of remedies have been given to patients by certain physicians.

[The *Medical Journal* is responsible for this item. Can anybody inform us whether it tells the truth?]

—It is said that a healthy man should weigh two and a quarter pounds for every inch of his height.

—United States Consul Gifford, at Bordeaux, warns the American public to beware of French liquors, more especially brandy, because no pure French brandy is sent hither.

—Dr. Negri, in the *Annali di Ostetrica*, states that when the fetus is dead, if the examiner, while palpating the superior pole of the uterus, gives a series of little blows with the tips of the fingers, a crackling sound resembling the crepitus of fractures will be noticed.

—The Missouri legislature has passed a bill making it a felony for a physician to prescribe liquor, except in cases of actual sickness.

—The Faculty of Medicine in Berlin has issued a schedule of studies for its students, in which the latter are strongly advised to follow courses in meteorology, mineralogy, geology, anthropology, psychology and logic.

—Dr. Favre, of St. Petersburg, is of opinion that sore nipples in nursing women are, to a large extent, due to tight-fitting dresses and pressure by corsets.

—For impacted feces Dr. Harden recommends injections of ordinary brewer's yeast in water, instead of water alone. He claims that the yeast will permeate and soften the mass more quickly than anything else.